**Stipend Request for Administrative Faculty**

|  |  |  |
| --- | --- | --- |
|  | | |
| Department: |  | Requestor: |
| Name: |  | Position #: |
| Current Title: |  | Requested title with Stipend: |
| Supervisor Name & Title: |  | Requested Amount:        Annual  Monthly |
| Current Salary: |  | Total Salary with Stipend: |
| Stipend Start Date: |  | Stipend End Date: |

|  |
| --- |
| Reason for stipend request: |

|  |
| --- |
| Who was performing these duties before? |

|  |
| --- |
| Additional responsibilities assumed: (Attach additional sheet if necessary) |

|  |
| --- |
| Have you confirmed these additional responsibilities are currently not part of the employee’s current PDQ responsibilities?  Yes  No (If no, please stop. You must ensure these duties are currently not part of the employee’s current PDQ) |

|  |
| --- |
| When will the employee be performing additional responsibilities?  After normal working hours.  Weekends.  During normal working hours. Please explain how regular work and additional responsibilities be differentiated:  Other. Please explain: |

|  |
| --- |
| **Disclosure:**  I understand the employee’s department is responsible for tracking stipends and ending as appropriate. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signatures** | | | | | |
| Requestor: |  | Date: |  |
| Supervisor: |  | Date: |  |
| Department Head/Vice President: |  | Date: |  |