STIPEND PAY REQUEST

ASSIGNMENT:_____

LIST OF ASSIGNMENT ACTIVITIES:

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CHECK APPLICABLE PAYMENT REQUEST OPTION:

OPTION 1:

☐ ½ stipend pay request due by January 15, payable January 30

☐ ½ stipend pay request due by May 30, payable June 15

OPTION 2:

☐ Full stipend pay, due by May 30, payable June 15

Form must be signed & forwarded to the appropriate assignment supervisor or coordinator prior to payment.

Employee Signature: _____ Date: _____

Supervisor/Coordinator Signature: _____ Date: _____