

Stipend/Supplemental Pay Form

Employee Name: _____

College ID: _____

Amount of stipend/supplemental pay: _____

Number of payments to be received: _____

To be added to pay-check issued on: _____
 (last week day of month.)

Description of the work: _____

General Ledger account(s) to be charged:

	<u>Amount</u>	<u>Fund</u>	<u>Org</u>	<u>Account</u>	<u>Program</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Total	\$ _____				

Approval: _____

Date: _____

This form is to be used for all stipends or supplemental pay for employees. Supplemental pay includes (but is not limited to) extra teaching pay, July experience pay, faculty research grants, vacation pay-outs, etc. Monies will be included on the employee's regular monthly pay-check, net of the appropriate taxes. Send completed forms to the Human Resources Dept. by the 15th of the month.

FOR HUMAN RESOURCES PURPOSES:
 _____ Date entered _____ Earn Code used