



Administrative Office
17000 Haynes Street
Lake Balboa, CA 91406
(818)758-5200
Fax. (818)342-5877

STIPEND REQUEST FORM

Date: _____

Employee Name: _____

Type of Stipend: Academic/Activities
50% 12/20/2019
50% 6/30/2020

Specific Stipend: _____

Amount of Stipend: Paid for Fiscal Year 2019-20:
\$ _____

Shared (Prorated)
 Partial Year (Prorated)

***Stipends include duties as assigned for the full Fiscal Year and by completing this form the employee agrees to fulfill all the duties of assigned stipend**

Account Code: _____
(Payroll use only)

Employee Signature: _____ Date _____

Director Approval: _____ Date _____

HR Director: _____ Date _____