



HUMAN RESOURCES

ADD STIPEND FORM

Campus Name: _____

Stipend: _____

Location: _____

Funding Account: _____

Name	Emp. ID	Assignment	# of Pds	Effective Date	Stipend Amount

Principal/Director Signature: _____

Date: _____

Funding Administrator: _____

Date: _____

HR Designee Signature: _____

Date: _____