



# Student Employee Stipend Request

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

DEPARTMENT INFORMATION		
Department:	Student Title:	
Supervisor:	Supervisor ID:	
REASON FOR STIPEND:		
Amount per payment:	\$ _____	<input type="checkbox"/> One Time <input type="checkbox"/> # of Payments _____

Payment Start Date: \_\_\_\_\_

Budget Number: \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Please return completed for to Human Resources, Lewis 234.

HR Use Only:
_____ Entered into Paydata Batch
_____
Date