



Student Employee Stipend Request

Student Name: _____ ID#: _____

DEPARTMENT INFORMATION	
<i>Department:</i>	<i>Student Title:</i>
<i>Supervisor:</i>	<i>Supervisor ID:</i>
REASON FOR STIPEND:	
<i>Amount per payment:</i>	\$ _____ <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 Annex 129.

HR Use Only: _____ Entered into Paydata Batch _____ <i>Date</i>
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