## **Student Stipend Award**

This document certifies that the student named below is awarded a Stipend. Please send completed form to Student Employment, AC420. The form is due to Student Employment 2 weeks prior to expected payment date. A detailed explanation of the work being completed **MUST** be attached for the student to receive payment through payroll, this detail **MUST** also include the estimated number of hours the student will work to earn the requested stipend.

Project Director:	Contact Person: (in case of questions)				
Department:					
Student Name:		Position Number:			
Period of Award Activity:	to	to Total Amount of Stipend:			
<b>Disbursement Schedule</b> COST CENTER #	: GRANT#	INTERNAL ORDER #	AMOUNT	PAYMENT DATE	
REQUIRED SIGNATURE	CS:				
Date	Awardee				
Date	Project Director/PI				
Date	Unit Funding Stipend/Depa	artment Head			
Date	Grants/Comptroller				
Date	Payroll				
Date	Financial Assistance				

This form is to be used for only research assistants, resident advisors, student media, student athletic team managers, and pep band, graduate assistants, teaching assistants and graduate teaching instructors.

This form is **NOT** to be used for supplemental pay.

Payroll will have the final say in determining if a student is to be tracking hours and completing a time sheet to stay in compliance with the Department of Labor.