

**FAS ADMINISTRATIVE STIPEND APPROVAL FORM**

Name of Employee \_\_\_\_\_

Current Payroll Title/Monthly Pay Rate  
\_\_\_\_\_

Title of the position to which temporarily assigned (or classification level of special assignment)  
\_\_\_\_\_

Describe significant duties that are not contained in the employee's regular position

Reason for Temporary Assignment

Stipend Begin Date \_\_\_\_\_

Stipend End Date \_\_\_\_\_

Amount of Stipend \$ \_\_\_\_\_ per month

Rationale for Amount

\_\_\_\_\_  
Signature of Supervisor Date

\_\_\_\_\_  
Signature of FAS Department Head Date