**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/Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Department Administrative Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

FAS Department Head Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_