

### 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: \_\_\_\_\_