

**Stonehill College  
Stipend/Additional Compensation Request Form**

Name of Employee &  
Current Job Title:

---

Position to which temporarily assigned (if applicable)

---

Additional Duties and Rationale:

---



---



---



---



---

Date/dates Stipend to be paid \_\_\_\_\_

Amount of Stipend \_\_\_\_\_

Org \_\_\_\_\_ Account \_\_\_\_\_ Grant/SGA Fund \_\_\_\_\_

Position Number \_\_\_\_\_

**Reason for Stipend (example: Award, Learning Community, Directed Study, Interim Position, etc):**

One-Time Stipend:	On-Going Stipend:
-------------------	-------------------

**Approvals**

<b>Supervisor &amp; Date</b>	<b>Divisional VP &amp; Date</b>
<b>Budget Office &amp; Date</b>	<b>VP of Finance &amp; Date (Interim appointments &amp; non-faculty stipends in excess of \$2,500)</b>
<b>Director of HR (Interim appointments only)</b>	<b>Payroll Office (Payment of Stipend)</b>