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## **STIPEND PAYMENT FORM**

*Instructions: This form is to be completed for employees receiving a stipend payment.*

**EMPLOYEE NAME:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**DATE(S) WORK/SERVICES COMPLETED:** \_\_\_\_\_

**TYPE OF WORK/SERVICES PERFORMED:** \_\_\_\_\_

**PAYMENT AMOUNT:** \_\_\_\_\_

Payments for employees will be made through the regular payroll process/system. Approved stipend payment forms must be received at least 1 week prior to the scheduled pay date in order to be processed in a timely manner. Payment forms received after the deadline will be paid on the next regularly scheduled pay date.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director/Faculty Signature**

\_\_\_\_\_  
**Date:**

**GL Account Number to charge expense to:**

\_\_\_\_\_  
**GL Account Number**

\_\_\_\_\_  
**Vice President's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Human Resources Signature**

\_\_\_\_\_  
**Date**