

FULL-TIME FACULTY STIPEND AUTHORIZATION

ACADEMIC YEAR _____

Last Name:	First Name:	:Emp	oloyee ID#:
Division:	Dept:	Primary Assigni	ment Pos#: (leave blank)
STIPEND (this form <u>not</u> to be used for annual coaches' stipends)			
		Percentage of base salary:	
Reason:			
Stipend applied to: Fall Qu	arter: Winter Quarter: _	Spring Quarter: Elever	nth month:
Charge STIPEND to Accou	nt #: 1250		
Stipends are funded with "B" budget if charged to fund 14 or 22. From which fund 14 or 22 account should "B" budget be taken?			
For STRS Reporting Purposes: Is this stipend for reassigned time? Circle one: Yes No If so, has a Reassigned/Release Time Authorization form been submitted? Yes No			
APPROVALS			
Faculty Member	Date	Division Dean	Date
Vice President or Des	signee Date	Director of Budget & Personnel	Date
	<u>For Human Resour</u>	ces & Accounting Use Only	
"B" to "A" BUDGET TRANSFER FOR STIPENDS CHARGED TO 142 OR 222 ACCOUNTS ONLY			
Labor: Budget 142153 / 222 (circle one)		Description Amount D-	Budget From: 1100
Benefits: 142153 / 222 (circle one)	153 3100 STPD)-	3200

Note: Please forward this form with all signatures to the Director of Budget & Personnel for final approval.

• Copy to be kept on file in Budget & Personnel.

• Original to be sent to District HR by Director of Budget & Personnel for processing.