

UNIVERSITY OF WISCONSIN-SUPERIOR STIPEND PAYMENT REQUEST

This form is used to authorize stipend payments to part-time or temporary employees (or to employees of other University of Wisconsin institutions if payment is \$1,000 or less) for work performed that is unusual, short term, and non-recurring in nature.

Employee to receive stipend: _____

Employee Address: _____

SSN: _____ "Home" Institution: _____

Requested by: _____ Date: _____

Department/Unit: _____

Account to be charged (name & 10-digit code): _____

Stipend amount: _____ Duties performed from: _____ to: _____

Rationale Statement for Stipend Request

General duties and/or objectives to be accomplished:

All parties below must read and sign verifying knowledge of the following statement:

We certify that the above will not interfere with regular assigned duties and is unusual, short term and non-recurring.

This form must be received by the Office of Human Resources prior to the start of the assignment to guarantee proper pay rolling.

Signature of Requestor: _____ Date: _____

Signature of Account Custodian: _____ Date: _____

Signature of Budget Officer: _____ Date: _____

Signature of Cabinet Officer: _____ Date: _____

Forward signed form to Office of Human Resources, Main 201.

Signature of Human Resources Director: _____ Date: _____

cc: Account Custodian/Supervisor
Payroll
Budget Office
Employee

Form No. 02-7000-61
(09/08)