



# John Carroll University

## Additional Pay (Stipend) Form Using Grant Accounts

**This form is used to authorize stipend payments for faculty and administrators from grant accounts. Completed Forms should be submitted to the Sponsored Research Office at least two weeks prior to the scheduled pay date.**

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_

*Last*

*First*

*M.I.*

SS#: \_\_\_\_\_ Date: \_\_\_\_\_

Org/Account #: \_\_\_\_\_ Name of Grant: \_\_\_\_\_

### DETAILS

Stipend Amount: \$ \_\_\_\_\_ Scheduled Pay Date\*\*: \_\_\_\_\_

Time Period Covered: \_\_\_\_\_

\*\*Indicate pay structure if stipend is to be paid over more than one pay period:

\_\_\_\_\_  
\_\_\_\_\_

### ADDITIONAL INFORMATION

Purpose of Stipend: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SIGNATURES

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored Research Office: \_\_\_\_\_ Date: \_\_\_\_\_

### FRINGE BENEFITS

FB RATE: \_\_\_\_\_ % FB AMOUNT: \$ \_\_\_\_\_ ORG#: \_\_\_\_\_