



John Carroll University

Additional Pay (Stipend) Form

This form is to be used to authorize stipend payments for faculty and administrators from current operating funds. For payments from grant and endowment accounts, use the *Additional Pay (Stipend) Form for Grant Accounts*.

EMPLOYEE INFORMATION

Employee Name: _____
Last *First* *M.I.*

_____ **Current Operating Fund Only** _____
Social Security Number: _____ Org/Account#: _____ Date: _____

DETAILS

Stipend Amount: _____ Scheduled Pay Date**: _____

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

ADDITIONAL INFORMATION

Purpose of Stipend: _____

SIGNATURE

Supervisor Signature: _____ Date: _____

Department: _____

Completed Forms should be submitted to the Payroll Office at least two weeks prior to the scheduled pay date.