



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# or Banner ID: _____ 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#: _____