



REQUEST FOR STIPEND

Stipend Type:

Instructional Project

Non-Instructional Project

Coaching

Pre-approval of the required documents must be submitted to Human Resources prior to performance of duties.

Authorization: Attach project summary and/or description of services being provided.

Is this a current SLOCCD employee?	Yes	No
If yes, department name: _____		Position Title: _____

_____ is authorized and agrees to perform the attached dates/services by
(Employee Name)

stipend at \$ _____ per hour, not to exceed _____ / or flat rate of \$ _____
(Dollars) (Dollars)

(Work hours must be submitted via timesheet)

Account(s) # _____

Description of duties: _____

Services will begin on _____ and terminate on or before _____

Department Contact: _____ Phone Ext.: _____

Approvals:

Management Supervisor's Signature: _____ **Date:** _____

Vice President Signature: _____ **Date:** _____

President/Designee Signature: _____ **Date:** _____

Vice President Human Resources: _____ **Date:** _____

Acceptance of Employment:

I acknowledge this is a temporary appointment and assigned workdays/work hours may vary. Renewal of stipend is at the sole discretion of the District. This assignment does not qualify for fringe benefit coverage, vacation, holiday, or sick leave.

I hereby accept employment and the conditions herein.

Employee Signature: _____ Date: _____ Banner ID #: _____

Human Resources Use Only: F/P Clearance: _____ Position ID # _____
Copy to Payroll: _____