



Stephen F. Austin State University Stipend Authorization Form

This form must be in Payroll Services by the 1st of the month to be processed for the next pay date. All monies are paid on the 1st of the month.

SECTION I

Employee Name:

CID Number:

Employee is receiving a stipend from the Department of:

This employee is being paid a stipend for:

Brief explanation for purpose of stipend:

Semester (on-line courses) or date of stipend activity:

Account Manager's Signature

Date

Dean/Director's Signature

Date

Director of Human Resources Signature

Date

VP for Account Signature

Date

AVP for Budget and Finance Signature

Date

SECTION II – PAYMENT OF FUNDS

Total Amount to be Charged:

Account Name:

Account Number:

Amount to be paid:

Date of Payment:

FOR PAYROLL USE ONLY

Job Group: _____	Assignment: _____	Pay ID: _____	Pay #: _____
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