

BCOE Stipend Request

Employee Name: _____

Employee's Department/Program/Center: _____

Title: _____ Title Code: _____ Union Represented _____ Bi-Weekly _____

Effective Date: _____ End Date: _____

Amount of stipend requested per month: \$ _____ (bi-weekly is based on conversion rate not flat monthly rate)*

Justification for stipend (attach additional page if additional space is required)

Fund Source being charged (FAU) _____

Fund Source Approval from FAO/MSO responsible for FAU¹:

Print	Sign	Date
Employee's Department/Program/Center Approvals:		

Supervisor: _____	_____	_____
Print	Sign	Date

FAO/MSO: _____	_____	_____
Print	Sign	Date

Chair/Director: _____	_____	_____
Print	Sign	Date

To be completed by Dean's staff office only

Reviewed by CPSU Staff: _____	_____	_____
Print	Initial	Date

Reviewed by CPSU Director: _____	_____	_____
Print	Initial	Date

*Bi-weekly Conversion rate for PPS Preparer \$ _____

Comments: _____

Dean's Office Approvals:

Assistant Dean: _____ \$ _____

Patrick Hartney	Signature	Date	Approved	Denied	Approved Monthly Amt.
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Dean: _____ \$ _____

Reza Abbaschian	Signature	Date	Approved	Denied	Approved Monthly Amt.
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Reason(s) for denied or reduced
amount: _____

¹ Approval signature needed by FAO/MSO of FAU fund source if stipend funding is not being provided by employee's department. Copy to be sent to authority approving fund source and employee's supervisor if not one in the same.