Payroll Change Authorization for Stipends

Employee Name	
Employee ID	
Department	
Position/Title	
Type of Change	
Effective Date	_
Lifective Date	
Stipend Amount	
Frequency	
	_
Account/Fund Number	
Reason/Justification for Stipend	
Supervisor Signature	
Supervisor Signature	
Date	
Department Head Signature	
Date	

Date		

HR/Payroll Signature