



FACULTY AFFAIRS
& DEVELOPMENT

FACULTY STIPEND CONTRACT

Faculty Name:

Employee ID:

Position #:

Department:

Status:

Time
base:

Email:

APPOINTMENT

Start date:	End date:	Total amount:
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TERMS OF CONTRACT

Approval of this contract is required by Faculty Affairs prior to the faculty member beginning this assignment. Stipends are approved for the dates and duties as described in the contract only. A new contract must be submitted and authorized if there are changes to the initial contract. If the assignment described in this contract is not completed or is not completed in a satisfactory manner, the University reserves the right to cancel this contract or to reduce the payment made. Extensions past the approved end date must be submitted on a new form. Late or unapproved work and forms must be approved by Vice Provost.

Faculty member must be active. Stipend will be paid to the active appointment only.

ASSIGNMENT OR PROJECT DESCRIPTION (attach additional sheets if necessary)

Description of work (background/nature of work to be done) and duties (specific tasks to be performed):

I have reviewed and agree to the conditions of this stipend contract, which I understand is conditional upon final approval by Faculty Affairs.

Faculty member: _____ Date: _____
Print Name Signature

APPROVALS

College ARM: _____ Date: _____
Print Name Signature

College Dean: _____ Date: _____
Print Name Signature

AVP of Faculty Affairs: _____ Date: _____
Print Name Signature

To be completed by the college Dean only after completion of work:

I have reviewed the duties and responsibilities assigned to the faculty member and determined they have completed the work satisfactorily:

College Dean: _____ Date: _____
Print Name Signature

INSTRUCTIONS: Submit completed form to Payroll for processing.