



FACULTY AFFAIRS & DEVELOPMENT

FACULTY STIPEND CONTRACT

Faculty Name: Employee ID: Position #:
Department: Status: Time base: Email:

APPOINTMENT

Table with 3 columns: Start date, End date, Total amount

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.

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: Print Name Signature Date

APPROVALS

College ARM: Print Name Signature Date

College Dean: Print Name Signature Date

AVP of Faculty Affairs: Print Name Signature Date

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: Print Name Signature Date

INSTRUCTIONS: Submit completed form to Payroll for processing.