

Service Free Stipend Request Form

for Graduate/ Professional Students and Fellows only

Is the payee either a US Citizen or Permanent Resident? <i>If No, route the completed form to the International Tax Office for processing.</i>	YES	
	NO	

Is this payment service-free? <i>If service is required, use a PAF to process the request.</i>	YES	
	NO	

Department Number: _____

Position Number: _____

Payee Information

Requestor Information

Questions will be referred to the person(s) listed below.

Payee Name _____
 Social Security # _____
 or Employee ID _____
 Address Line 1 _____
 Address Line 2 _____
 City _____
 State _____
 Zip _____
 Date of Birth _____
 (mm/dd/yyyy)

Home Dept ID _____
 Department Name _____
 Mail Drop _____
 Requestor Name _____
 Requestor Phone _____

Comments: _____

Payment Information

Type of Request <i>(mark one box only)</i>	New		Start Date _____ End Date _____ Amount of Monthly Payment _____ Number of Payments _____ Total Payout Amount _____
	Change		
	Discontinue		

Payment Detail				For HR Use Only	
Account (5 digits)	Center Number (10 digits)	Monthly Amount	Approved By and Date <i>Additional Pay Form Authorized Signature for Center Number</i>	Job Code	Earnings Code
			<i>Print name of approver</i>		
			<i>Print name of approver</i>		
			<i>Print name of approver</i>		
			<i>Print name of approver</i>		

Total Monthly Payment

*Supporting documentation must be maintained in the originating department; please do not submit for processing.
 If additional explanation is required, please attach separate sheet.*

Additional Approvals <i>(if needed for Colleges, Schools, or Programs)</i>		
Print Name	Signature	Date

This area only for use by HR Processing

HR Routing Information DE Entry: _____ DE Audit: _____ PR Entry: _____ PR Audit: _____

Please do not make any changes to this form. Requests submitted on modified forms will be rejected and returned to the originator.