CR COLLEGE OF THE REDWOODS

Stipend Payment Authorization

Date:

Name: _____   ID#: _____

Pay - Upon completion of paperwork

Check one

Full-Time Faculty*

Associate Faculty*

*Checks will be issued on the 10th of the month

Stipend Amount

Funding Source: _____   Account Code: _____

Description:

_____
Employee Signature

_____
Area Administrator

_____
Budget/Fiscal Office

_____
Human Resources

For Payroll Use ONLY
Position:
Earn Type:
Posted:
Paid-on:
Board of Trustees: