

## Stipend / Honorarium Request Form

Please use this form to request a stipend or honorarium for an employee. Stipends / Honorariums may only be paid to current, salaried employees of the College. If you have any questions, please contact Human Resources.

Payee Information					
Name	Dept.		I	Employee ID #	
Requestor Information (*no	ot required if funding is from an e.	xternal sponsor)			
Name	Title		Dept.		
Signature, Dept. Chair/Supervisor	(initial if sending electronically)	Date			
Type of Request	Amount to be Paid	nount to be Paid		Payment Distribution	
Account # for payment	Date(s) to be Paid		Start Date	End Date	
Reason for request (attach suppor	ting documentation if possible (i.e., gra	nt documentation)			

## Return completed forms to Human Resources or attach in an e-mail to hr@etown.edu

Human Resources will send a letter to the employee confirming the stipend payment and date(s). The requestor of the stipend will receive a copy of the letter. Departments may not generate letters to employees offering stipends; these letters must come from HR.

## To be completed by the Office of Sponsored Research and Programs

Check here if fringe benefits are approved by the funding agency

Signature, Associate Dean of Institutional Effectiveness, Research, and Planning (*initial if sending electronically*) \*Required only if payment is due to external funding

Date