REQUEST FOR STUDENT STIPEND PAYMENT
MILLERSVILLE UNIVERSITY

TO BE COMPLETED BY SUPERVISOR/DIRECTOR REQUESTING STIPEND PAYMENT

STUDENT NAME	PERNER #	DEPT. REQUESTING STIPEND PAYMENT

DESCRIPTION OF STIPEND PAYMENT DUTIES (describe service to be rendered)

DATES OF SERVICE				TIME PERIOD(S) WHEN SERVICE WILL BE RENDERED (E.G., 7:00 - 9:00)
BEGIN:		END:		

RATE OF PAYMENT STIPULATED BY:
Check One:

SOURCE OF FUNDING:

	Grant (indicate name of grant)			Cost Center #	
	OTHER RATE OF PAY: $		per (eg: hour, day)	TOTAL PAYMENT REQUESTED	

JUSTIFICATION FOR STIPEND RATE OF PAY	The University must pay its part of social security (7.65% for non full time students) and workman's compensation benefits (1.2%) .
	Check One:
	Compensate worker the amount of payment requested, charge account extra for benefits.
	Reduce Compensation by amount of benefits, charge account exact amount requested (including benefit costs).

All payments will be issued in the pay period subsequent to services being rendered.

Stipend payment will be combined to a single check with any other monies due the student for that period.

The pay document will be sent to the check distribution location as established for the student worker.

FORM PREPARED BY	Phone No:	

DEPARTMENT CHAIR OR DIRECTOR	DATE SIGNED

PAYROLL USE ONLY:

Approved for payment _____   Date _____

Input _____ By _____ Paid On _____