



Faculty Stipend Request

FULL LEGAL NAME: Last Name	First Name	Middle Name	SU ID Number

College/School: _____

Department/Program: _____

Dates of Service:

Reason for Stipend:

Start Date: _____ End Date: _____

The compensation to be paid to the Appointee by the University for the services rendered will be: \$ _____

Describe particulars regarding duties or services covered by this agreement:

This stipend is for a fixed sum and does not entitle the appointee to any University employee benefits, except as stated herein. Compensation for services will not be paid without prior written agreement between the individual and the University. Salary is paid based on the number of service days and work completed. In the event employment ceases during the contract term, an appointee's entitlement to salary shall be based on the number of service days and work completed as a percentage of the salary for the entire agreement.

This contract is subject to, and you agree to comply with, the terms, conditions, policies and procedures contained in the Seattle University Faculty Handbook (including any amendments) and all policies of the university, college or school, or department that apply to faculty. Services may be terminated by the Provost at any time and for any reason without appeal.

Please note that continued employment is subject to meeting appropriate authorization as required by the U.S. Immigration and Naturalization Reform Act of 1986.

This agreement will not be effective unless signed by Appointee and appropriate Dean, nor may it be modified without the written consent of both the Dean and Appointee. This document supersedes any and all verbal agreements. Please retain a copy for your records.

Deadline: To ensure timely payment, Faculty Services must receive the completed Stipend form thirty days prior to the first payment date. Ongoing service will be paid in multiple distributions according to the regular payment schedule of the University. (See schedule on Payroll website.) Stipend forms submitted less than thirty days prior will be processed for payment in the next pay cycle.

Example: forms received by the 15th of the month will be paid on the 15th of the month following. Forms received by the last day of the month will be paid on the last day of the following month.

Department Chair/Program Director	Date	Dean/Senior Administrator	Date
Appointee	Date	Office of Research/Sponsored Projects (employees paid on grants only)	Date

TO BE COMPLETED BY PREPARER:

<u>Budget #</u>	<u>Account Code</u>	<u>Salary</u>	<u>%</u>	<u>Datatel Type:</u>					<u>LOA Prepared by:</u>	
				STPS					<u>Date:</u>	
				STPS					<u>Email:</u>	
				STPS	<u>First Payment</u>	<u>Year</u>	<u>Last Payment</u>	<u>Year</u>	<u>Tel:</u>	
<u>Pay Schedule:</u>				<u>Pay Dates:</u>						

Faculty Services Notes: _____