



PASADENA CITY COLLEGE

Human Resources

STIPEND REQUEST FORM FOR FACULTY

Name: _____ Banner ID #: _____ Date: _____
(REQUIRED)

Amount of stipend compensation \$ _____

(Proof of available budget or transfer documentation must be attached)

Effective dates of compensation: From: _____ To: _____

Please provide a **brief description (do not use abbreviations)** of the work to be performed by the instructor:

Labor Distribution: (To which account do we charge this assignment? Include all 14 digits)

Cost Center Number: _____

Cost Center Name: _____

Approvals:

Cost Center Manager/Authorized Signature

Date

Appropriate Area Vice President

Date

HUMAN RESOURCES ONLY

Board Report Date: _____ PC#: _____

Job #: _____ Retirement Code and Date: _____

Notes: _____