

SUMMER STIPEND REQUEST FORM



Name _____ Date of Request _____

Hours Requested _____

Summer term in which the stipend is requested (ex. 2018): _____

Please describe the purpose of this request and how it relates to the Southern State Strategic Plan, professional initiatives, assignments beyond duties included in one's job description, or special assignment:

Identify the specific outcomes, responsibilities, objectives, tasks, or other deliverables that can be measured:

By signing this request, I acknowledge that I am requesting this stipend as compensation in order to complete the work described above and that I may be required to submit progress reports related to the measurable outcomes I have identified:

Faculty Signature

Date

Approval from the respective Dean and the Vice President of Academic Affairs is required for a mutually agreed upon stipend assignment.

Dean's Approval

Date

Vice President of Academic Affairs Approval

Date