



University  
of Houston  
Clear Lake

# FACULTY STIPEND REQUEST FORM

Stipend requests may include, but are not limited to, Department Chair wages, course overload pay, PI support payments, grant wages, mini-grant salary awards.

Cumulative payments during a fiscal year for additional compensation may not exceed \$15,000, or 20 percent of the employee's annual salary, whichever is greater. The employee and the College/Division Administrator of the employee's primary department are responsible for monitoring the total amount of additional compensation received during the fiscal year and for ensuring that it does not exceed the maximum limit (MAPP 02.01.06).

Employee:	Employee ID:
College/ Department	Amount:
Stipend Description:	Stipend Period (Semester and Year – ex. Fall 2016):
Employee Signature:	Date:
Department Chair Signature (if Applicable):	Date:
College Dean Signature:	Date:
Cost Center/ Grant Information:	
<i>College Business Office:</i>  Received: _____ ePAR Entered: _____ ePAR Executed: _____	