



LONG BEACH COMMUNITY COLLEGE DISTRICT  
 OFFICE OF HUMAN RESOURCES  
**STIPEND REQUEST FORM**

TO: HUMAN RESOURCES – G3

DATE:

Employee (attach list for more than one name)	Employee ID (PeopleSoft):	
Department/School:	Stipend Period:	Amount of Payment: \$
Type of Stipend(s):	<input type="checkbox"/> Contractual <input type="checkbox"/> Non-contractual	
Explanation:	Deliverable:	
Signature, Project Director/Manager (if applicable)	Account #:	
Dean:	Total Hours and Number of Weeks:	
Vice President, Academic Affairs or Student Services:	Date:	
Fiscal Services:	Date:	
Vice President, Administrative Business Services:	Date:	
President-Superintendent:	Date:	
Vice President, Human Resources:	Date:	
<i>For Human Resources only:</i> Board Action Date: _____ Entered: _____ Date Paid: _____ Initial: _____		