



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

TO: HUMAN RESOURCES – G3

DATE:

Note: The amount of stipend listed on this form should not include the benefit percentage.

Employee (attach list for more than one name)	Employee ID (PeopleSoft):	
Department/School:	Stipend Period:	Amount of Stipend \$
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:	Date:	
Vice President, Human Resources:	Date:	
<i>For Human Resources only:</i>  Board Action Date: _____ Entered: _____ Date Paid: _____ Initial: _____		