## AFFORDABLE CARE ACT - STIPEND REQUEST FORM

This form is REQUIRED for all non-contractual stipends for ALL employee categories including full-time employees. This form must be completed by the employee, signed by both the employee and the manager, and attached to a Personnel Action form (PAC).

NAME:	ID:
COLLEGE/CAMPUS:	START DATE:
DIVISION/DEPARTMENT:	END DATE:
STIPEND AMOUNT:	BUDGET NUMBER(s):
TOTAL HOURS WORKED:	

## LIST OF DUTIES

## 

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

NOTE: This is for ACA tracking purposes only. A PAC form authorizing the stipend assignment and amount MUST be submitted with this document attached. *Stipend payments will NOT be processed without both documents.* 

**HOURS**