

## 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:	

<u>DATE</u>	<u>LIST OF DUTIES</u>	<u>HOURS</u>
01		
02		
03		
04		
05		
06		
07		
08		
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10		
11		
12		
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\_\_\_\_\_  
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.**