



Laney College STIPEND APPROVAL FORM

Directions: Please complete this form before work is started on any project where compensation will be granted in the form of a stipend. Work should not begin prior to all approval signatures on the form are completed. All hours claimed must not overlap with other work on a different grant or during primary work responsibilities (scheduled courses, office hours, assigned schedule).

Name	Last Name	Semester/Academic Year	Grant Project Name	Grant Program Manager/Coordinator	
Employee ID Number	eForm Number	Budget Code	Budget Verified By		
Flat Rate Stipend					
CATEGORIES	DUTIES/RESPONSIBILITIES	DELIVERABLES/OUTCOMES		STIPEND RATE	PROJECT COMPLETE
Program/Project Coordination					
SLO Assessment (PT)					
Faculty Evaluation Contractual (PT/FT)					
New Course or Program Development					
Other:					
Comments					
Approval Signatures					
Faculty Member	Date	Direct Supervisor's Approval	Date	Grant or Project Manager's Approval	Date