REQUEST FOR STUDENT STIPEND PAYMENT
MILLERSVILLE UNIVERSITY

TO BE COMPLETED BY SUPERVISOR/DIRECTOR REQUESTING STIPEND PAYMENT

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>PERNER #</th>
<th>DEPT. REQUESTING STIPEND PAYMENT</th>
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</thead>
</table>

DESCRIPTION OF STIPEND PAYMENT DUTIES (describe service to be rendered)

<table>
<thead>
<tr>
<th>DATE(S) OF SERVICE</th>
<th>TIME PERIOD(S) WHEN SERVICE WILL BE RENDERED (E.G., 7:00 - 9:00)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEGIN:</td>
<td>END:</td>
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</table>

RATE OF PAYMENT STIPULATED BY:
Check One:
- Grant (indicate name of grant)
- OTHER RATE OF PAY: $ per (eg: hour, day)

SOURCE OF FUNDING:
- Cost Center #

TOTAL PAYMENT REQUESTED

JUSTIFICATION FOR STIPEND RATE OF PAY
- The University must pay its part of social security (7.65% for non full time students) and workman's compensation benefits (1.2%).

- Compensate worker the amount of payment requested, charge account extra for benefits.
- Reduce Compensation by amount of benefits, charge account exact amount requested (including benefit costs).

All payments will be issued in the pay period subsequent to services being rendered.
Stipend payment will be combined to a single check with any other monies due the student for that period.
The pay document will be sent to the check distribution location as established for the student worker.

FORM PREPARED BY Phone No:

DEPARTMENT CHAIR OR DIRECTOR DATE SIGNED

PAYROLL USE ONLY:
Approved for payment ______________________ Date __________________
Input _________ By ________________________ Paid On ________________