

STIPEND PAYMENT AUTHORIZATION FORM

Employee Name: _____ Employee ID: _____

Department/Unit: _____

Stipend Payment Details:

Amount (USD): _____ Payment Frequency: _____

Purpose of Stipend: _____

Payment Method: _____

Authorized Approvals:

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

Employee Acknowledgement:

I acknowledge receipt of the stipend amount specified above. I understand that this stipend is provided in addition to my regular compensation and may be subject to applicable tax withholdings and reporting. This stipend does not constitute a guarantee of continued payment and may be terminated or modified at the discretion of the employer in accordance with applicable law.

Employee Signature: _____

Date: _____

Terms and Conditions:

1. The stipend payment is subject to all applicable federal, state, and local laws and regulations.
2. Employee agrees to comply with all company policies regarding stipend use and reporting.
3. This stipend is not considered part of base salary or wages and does not entitle the employee to benefits or employment rights beyond those provided by the employer.
4. The employer reserves the right to modify or discontinue the stipend program at any time.
5. Employee must promptly report any discrepancies or concerns regarding stipend payments.
6. This form represents the complete agreement regarding the stipend payment between the parties.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

Signature: _____

Signature: _____

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