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
Community of Practice/ Inquiry Group					
SLO Assessment (PT)					
Faculty Evaluation Contractual (PT/FT)					
Course Update					
Meeting/Retreat					
Other:					

Hourly Rate Stipend

CATEGORIES	DUTIES/RESPONSIBILITIES	DELIVERABLES/OUTCOMES	OTHER RATE		PROJECT COMPLETE
Placement Review					
New Course Development (PT)					
New Program Development (PT)					
Program/Project Coordination					
Other:					

Approval Signatures

Faculty Member	Date	Direct Supervisor's Approval	Date	Grant or Project Manager's Approval	Date

4/26/2022