



University
of Houston
Clear Lake

FACULTY STIPEND REQUEST FORM

Stipend requests may include any compensation beyond the base faculty salary, not included in a separate appointment letter or contract.

Cumulative payments during a fiscal year for additional compensation may not exceed \$15,000, or 20 percent of the employee's **twelve-month salary**, whichever is greater (UHCL Policy for Extra Compensation in Excess of Base Salary; Policy 6.11/FSEC.2004.001).

Employee:	Employee ID:
College/ Department	Amount:
Stipend Description:	Stipend Period (Semester and Year – ex. Fall 2024):
Employee Signature:	Date:
Department Chair Signature (if Applicable):	Date:
College Dean Signature:	Date:
Cost Center/ Grant Information:	
<i>College Business Office:</i> Received: _____ ePAR Entered: _____ ePAR Executed: _____	