



STIPEND REQUEST & AUTHORIZATION FORM
WALLA WALLA COMMUNITY COLLEGE

Employee Name: _____ **Date:** _____

WarriorLink ID#: _____ **Combo code:** _____

Department: _____

STIPEND AMOUNT: _____ **STIPEND CODE:** _____

START DATE: _____ **END DATE:** _____

REASON FOR STIPEND:

OTHER COMMENTS/SPECIFIC PAYMENT INSTRUCTIONS:

DEPT. PROCESSOR (signature) DATE

HIRING MANAGER (signature) DATE

VP OF AREA (signature) DATE

HUMAN RESOURCES (signature) DATE

REC'D IN HR:

REC'D IN PAYROLL: