



Pre-doctoral & Post –Doctoral Fellowship - REQUEST FORM (FRF)

___ Existing Employee/ Change to Fellowship ___ New Fellowship/create ID number ___ Previous Employee/Change to Fellowship

Fellowship payment is only for those individuals who have an approved award from the University Research Services and Administration (URSA).

A. Name

Name (LAST, First, Middle) <i>(As it appears on Soc Sec card)</i>	Employee ID:
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B. APPOINTMENT CLASSIFICATION (✓ *Appropriate classification.*)

Post-doctoral Fellow	Pre-doctoral Fellow
Post-doctoral Fellow-Adjunct	

C. Must be received by Central HR Payroll 10 working days before regularly scheduled pay date.)

A stipend cannot exceed 5 years.	Start Date (Required)	End Date(Required)	Speedtype to charge stipend
	mo day yr	mo day year	
Write stipend amount in payment section.			

	Change FROM	Change TO		Change FROM	Change TO
Home Department Name			Room # & Bldg		
			P.O. Box		
Home Department (Spectrum Dept #)			Phone Ext. for Directory		
Business Unit			Phone Ext. Direct Line		
Job Code (6 characters, e.g. 900X00)					
Job Title(s)	Title 1	Title 1			

D. Payment Information \$ _____ \$ _____
Project Stipend total Monthly Amount

The award notification that specifically funds the stipend for this postdoctoral fellow, pre-doctoral fellow or fellow-adjunct must be attached to this request form.

APPROVALS (I have reviewed this form and determined that the compensation on a temporary basis is warranted).

	NAME (Printed)	SIGNATURE	Phone Ext	Date
Authorized Requestor/Initiator of Action (required)				
Authorized Approver (required & different than Initiator)				
Dean, VP, (or authorized designee, required)				

Processed by Payroll: _____/_____
Date Completed.

[Type text]