



Jesuit Faculty Stipend Request

FULL LEGAL NAME: Last Name	First Name	Middle Name	SU ID Number

College/School:

Department/Program:

Dates of Service:

Reason for Stipend:

<u>Start Date:</u>	<u>End Date:</u>
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The compensation to be paid to the Appointee by the University for the services rendered will be: \$

Describe particulars regarding duties or services covered by this agreement:

This stipend is for a fixed sum and does not entitle the appointee to any University employee benefits, except as stated herein. Compensation for services will not be paid without prior written agreement between the individual and the University. Salary is paid based on the number of service days and work completed. In the event employment ceases during the contract term, an appointee's entitlement to salary shall be based on the number of service days and work completed as a percentage of the salary for the entire agreement.

This contract is subject to, and you agree to comply with, the terms, conditions, policies and procedures contained in the Seattle University Faculty Handbook (including any amendments) and all policies of the university, college or school, or department that apply to faculty. Services may be terminated by the Provost at any time and for any reason without appeal.

Please note that continued employment is subject to meeting appropriate authorization as required by the U.S. Immigration and Naturalization Reform Act of 1986.

Assignment of Compensation: You have informed the University that you desire to and hereby agree to assign your gross salary to Jesuits West in accordance with Article VI of the Bylaws of the University, adopted in 1971. All financial obligations of the University to you under this agreement shall be satisfied in full by such payment. These payments will be made according to the regular payment schedule of the University.

Other Terms: You understand and agree that your appointment and continued employment at Seattle University is contingent upon your continued assignment to Seattle University by Jesuits West who may terminate it at any time. Termination of such assignment shall terminate this appointment.

This agreement will not be effective unless signed by Appointee and appropriate Dean, nor may it be modified without the written consent of both the Dean and Appointee. This document supersedes any and all verbal agreements. Please retain a copy for your records.

Deadline: To ensure timely payment, Faculty Services must receive the completed Stipend form thirty days prior to the first payment date. Ongoing service will be paid in multiple distributions according to the regular payment schedule of the University. (See schedule on Payroll website.) Stipend forms submitted less than thirty days prior will be processed for payment in the next pay cycle.

Department Chair/Program Director	Date	Dean/Senior Administrator	Date
Appointee	Date	Rector - On behalf of the Jesuit Community at Seattle University, I agree and acknowledge the Assignment of Compensation set forth above.	Date
TO BE COMPLETED BY PREPARER:		Office of Research/Sponsored Projects (employees paid on grants only)	Date

Budget #	Account Code	Salary	%	Datatel Type:				
	50053			STPS				
	50053			STPS				
	50053			STPS	<u>First Payment</u>	<u>Year</u>	<u>Last Payment</u>	<u>Year</u>
Pay Schedule:				Pay Dates:				

LOA Prepared by:	
Date:	
Email:	
Tel:	

Faculty Services Notes:
