

Name: _____ Empl ID: _____ Monthly Stipend Amt: _____
 Grant Project Nbr: _____ Start Date: _____ End Date: _____
 Fellowship or Training Grant PI: _____

Appointment Level: PreDoc PostDoc*
 *Year _____

Chartfield(s):

Fund: _____ Org: _____ Program: _____ Subclass: _____ Project: _____ Split Amt: _____
 Fund: _____ Org: _____ Program: _____ Subclass: _____ Project: _____ Split Amt: _____
 Fund: _____ Org: _____ Program: _____ Subclass: _____ Project: _____ Split Amt: _____

I am requesting enrollment in the monthly grant stipend program. I understand I will receive payment on the 25th of each month. All information provided is true and accurate to the best of my knowledge.

 Trainee/Fellow Signature Date

This stipend enrollment is approved for budget as outlined.

 Budget Approver Signature Date

Please send complete Form to gca@ouhsc.edu.

For GCA Use Only: Date: _____ Initials: _____