The UNIVERSITY of OKLAHOMA | HEALTH CAMPUS

Stipend Enrollment

Name:

Employee ID: Monthly Stipend Amount:

Grant Project Number: Start Date: End Date:

Fellowship or Training Grant PI:

Appointment Level: PreDoc PostDoc* *Year:

Chartfield Spread(s):

FUND ORG FUNCTION ENTITY SOURCE PROJECT PURPOSE Split Amount:

FUND ORG FUNCTION ENTITY SOURCE PROJECT PURPOSE Split Amount:

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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. I understand if the start date on this form is backdated, this may result in a payroll overpayment which will require repayment to the University.

Trainee/Fellow Signature Date

This stipend enrollment is approved for budget as outlined.

Budget Approver Signature Date

For GCA Use Only: Date: Initials: