

**College of St. Benedict**  
**St. John's University**

**Employee Stipend Form**

Employees will not receive payment unless all information is provided. Payment will be through the normal payroll system and subject to the usual income tax and social security withholding. PLEASE PRINT ALL INFORMATION. SOSB/OSB/outside religious participants' earnings will be remitted to the Monastery, Abbey, or outside religious order.

Name of Employee: *(please provide a full first, middle initial and last name)*

\_\_\_\_\_

Legal Tax Address:

\_\_\_\_\_

City/State/Zip Code

\_\_\_\_\_

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Check One:

- SJU/OSB Lay Employee
- CSB Lay Employee
- OSB Abbey Employee
- CSB Monastery Employee
- Other Religious Employee

Total Amount to be Paid: \$

Gift (Value) /Gift Certificate Awarded: \$

Stipend Activity (Include description of services performed):

Dates of Service:

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Not required) *Employee*

*To be completed by the director/coordinator of the activity:*

Date(s) to be Paid: \_\_\_\_\_ Budget Number to Charge: \_\_\_\_\_

Name of Budget Account to be charged:

- 1) Activity Coordinator/Dept. Head: \_\_\_\_\_ Date \_\_\_\_\_
- 2) Provost or Vice President: \_\_\_\_\_ Date \_\_\_\_\_
- 3) Business Office Grant Administrator: \_\_\_\_\_ Date \_\_\_\_\_
- 4) Chief Financial Officer: \_\_\_\_\_ Date \_\_\_\_\_
- 5) Human Resources Department: \_\_\_\_\_ Date \_\_\_\_\_

**Grants:** need signatures 1,2,3&5    **Non Grants:** need signatures 1,2,4&5    **Gift Certificates:** need signatures 1&2  
HRO 6/02 (Original: Human Resources)