

**College of Saint Benedict**  
**Order of Saint Benedict**

Conducting Saint John's Abbey, University, Preparatory School and The Liturgical Press

**Employee is:**                      Faculty                      Administrative                      Support

**EMPLOYEE STIPEND FORM**

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

\_\_\_\_\_ **Legal Name**

\_\_\_\_\_ **City/State/Zip Code**

\_\_\_\_\_ **Banner 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:** \_\_\_\_\_

(Not required)

*Employee*

*Date*

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.

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*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: \_\_\_\_\_ **Date** \_\_\_\_\_