

THE SAN FRANCISCO STATE UNIVERSITY STIPEND APPOINTMENT FORM

I. PARTICIPANT'S NAME: _____
Last, First, Middle Initial (Please Print)

ADDRESS: _____
Street Address City State Zip

SF STATE ID #: _____

TEL # / EMAIL: _____

ORSP APPROVAL

BY: _____

DATE: _____

II. STATEMENT OF PARTICIPANT:

US Citizen / Permanent: Yes No

Resident: Currently Enrolled: Yes No

I certify that I am aware this award may impose restrictions on my receipt of other financial benefit from University or US Government funds, and I will immediately notify the Project Director of any change in the information stated herein.

I understand that it is my responsibility to contact the Financial Aid Office if I have questions about how this will impact my financial aid package.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

ACCOUNTS PAYABLE PROCESSING

BY: _____

DATE: _____

DUE DATE: _____

CHECK #: _____

CHECK PICK-UP
PLEASE CONTACT

III. STATEMENT OF PROJECT DIRECTOR:

ACCT: _____ FUND: _____ DEPT: _____ PROJ: _____

Funding is from NSF. Is it to support research training? Yes No

Funding is from NIH. Is it to support research training? Yes No

Funding is from USDA-NIFA. Yes No

If Yes, the student/trainee must take the Responsible Conduct for Research training (complete also RCR form).

Will the Participant be required to perform services for this financial support? Yes No

If Yes, briefly describe services: _____

IV. TO BE COMPLETED BY PROJECT DIRECTOR

PAYMENTS ARE DUE ON THE FOLLOWING DATES:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

PERIOD OF AWARD: _____ to _____
Mo. Yr. Mo. Yr.

GRAND TOTAL, STIPEND AWARD: \$ _____

AMOUNT OF EACH PAYMENT: \$ _____

This Participant is qualified for the proposed training, is eligible to receive the financial support, and the amount of the award as stated herein conforms with sponsor guidelines. I shall forward to the University any information which might affect continued eligibility for this support, as well as copies of any relevant documents required by the project sponsor. I shall also inform the SFSU Financial Aid Office of this appointment.

PROJECT DIRECTOR NAME: _____

SIGNATURE: _____ DATE: _____

SF STATE FINANCIAL AID OFFICE: _____ DATE: _____

This form can only be used to pay students who are granted an award, tuition remission, and research funding. You can't use this form to pay student/s who will be performing services for the grant or in exchange of the award. This form must be typed or legibly written in ink.

Section I: Information about the Payee/Trainee

Enter the trainee's (payee's) name, address, SF State ID number, and telephone/email address.

Section II: Statement of Trainee

This section must be completed and signed; otherwise, this document is not valid.

Section III: Statement of the Project Director

Q1: If stipend is from NSF, NIH, and USDA-NIFA and you answer **YES**, the trainee must take Responsible Conduct for Research (RCR) training. Complete and attach the RCR form to this stipend form.

Q2: Will the trainee be required to perform services for this financial support?
If you answer **YES**, you cannot use this form. Contact ORSP (Office of Research and Sponsored Programs) for student hiring procedures.

Q3: Are these services an academic requirement?
If you answer **NO** to this question, you cannot use this form. Stipend appointments are always academic requirements.

Period of Award: Indicate the months during which the trainee/payee will receive payment(s).

Grant Total Stipend Award: Total financial support in dollars.

Amount of Each Payment: Enter the amount for each scheduled stipend payment.

Project Director Name & Signature: **VERY IMPORTANT!** This document is not valid without the Project Director's name and signature.

Section IV: Payment Schedule

Indicate the months the trainee/payee is to be paid. Submit a separate stipend appointment form for each semester. Academic Year appointments include: Fall Semester (September-January), Spring Semester (February-May), Summer (June-August). Payments are issued on the 15th of each month.

Please submit completed forms to ORSP at least 4 weeks before the (first) scheduled payment date.

ORSP will route completed stipend forms to the Financial Aid Office for review of the student's eligibility and financial aid status. If approved, the form will be submitted to Accounts Payable for payment.

Please note that the Financial Aid Office may determine that receipt of a stipend payment will impact your financial aid package.