



**Request for Fellowship or Stipend**

Student Employment or HR will complete all necessary transactions in HCM	
Today's Date:	
Department Name & Org #:	
Primary Relationship to UCCS:	<input type="checkbox"/> University Employee <input type="checkbox"/> Student <input type="checkbox"/> Community Member <input type="checkbox"/> Other (Please specify) _____
Grantee Name:	_____
Job Code:	<input type="checkbox"/> 3204: Pre-Doctoral Trainee <input type="checkbox"/> 3205: Student Fellowship <input type="checkbox"/> 3207: Participant Stipend  Unsure? See Pay Matrix at <a href="https://stuemp.uccs.edu/student-pay-matrix">https://stuemp.uccs.edu/student-pay-matrix</a> under Compensation for Services Related to Work  <input type="checkbox"/> 1438: Postdoctoral Fellow <input type="checkbox"/> 1439: Faculty Fellow
Funding Information	
Requested Rate:	\$ _____
Department Financial Approver:	_____ <b>Funding Availability Verified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Speedtype(s) & Percentage(s):	
Funding Type & End Date (if applicable)	<input type="checkbox"/> General Fund <input type="checkbox"/> Auxiliary <input type="checkbox"/> Grant <input type="checkbox"/> Gift If grant or gift funded, is there a funding end date? If so, list the details:
Funding Source*: i.e. salary savings from the area, from another position or from a campus commitment, position number from where funding is being moved.	
Grant Sponsoring Agency*:	
Questions for Processing	
<ul style="list-style-type: none"> <li>• Is there a Scope of Work or job description of the fellowship or stipend for this individual?</li> <li>• Goal of fellowship or stipend</li> <li>• Start and end date of fellowship or stipend</li> </ul>	
Authorization to Fill Position (workflow for electronic signatures):	
Financial Approver	_____
MUST be signed before submitting to HR or Student Employment for approval.	

\*If Applicable; Otherwise enter N/A

Cherwell Ticket # \_\_\_\_\_