

COG Stipend Authorization Form

Sign, Scan, and Submit to: Stipends@escoco.org

Date of Stipend Request (xx/xx/xxxx)			
Stipend Employee Name:		First:	Last:
Stipend Employee Email:			
Stipend Employee Phone:			
Stipend Position Title:			
Requesting District/ Agency/ Dept.			
Requesting Supervisor/ Administrator			
District Contact: <small>(Point of contact if there are questions or issues with stipend)</small>		Name:	Email:
			Phone:
Stipend Start Date:	Stipend End Date:	Max number of hours to work	Hourly or Daily Rate:
Description of Service/Responsibility:			

PAYMENT OPTIONS - Please check only one option:

- Paid by submission of timesheet(s) by district to ESC payroll (timesheets@escoco.org) *
- Two payments with first by (date): _____ and the second payment by (date): _____
- Prorated payment over (#) _____ pays, beginning (date): _____, and ending (date): _____

***Due to ACA rules all stipends require a timesheet in order to be paid.**

Stipend Amount – Gross to be Paid** <small>(If hourly/daily, list total amount not to exceed)</small>	
STRS/SERS Board Share (14% STRS)	
Medicare (1.45%)	
Worker's Compensation (0.30%)	
Unemployment (.10%)	
ESC Fiscal Fee (5%)	
Estimated Total Cost to District / Agency	

Total cost to district/agency varies by employment type and is not considered final.

Please contact the [ESC Business Services Office](#) if an exact amount is needed

**This amount to be placed on ESC Board Agenda – reflects gross amount paid to stipend employee

Stipend Employee's Signature: _____ Date: _____

(By signing, I certify that to the best of my knowledge I have fulfilled the responsibilities outlined for this stipend)

Authorizer Name (Printed): _____

Authorizer/ Approval Signature: _____ Date: _____

FOR ESC INTERNAL USE ONLY:

Funding Source/ Name of Fund: _____

FUND FUNC OBJ SPCC SUBJCT OPU IL JOB

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(FOR ESC ONLY)

Agenda: _____ COG _____

Pay Date: _____ ESCCO _____