Southern OREGON UNIVERSITY

ASSOU STUDENT LEADERSHIP POSITION
STIPEND AUTHORIZATION FORM

Student Leadership Positions offer students learning and leadership development opportunities. At the ASSOU, students in these positions receive a monthly stipend; however, these payments are not considered the equivalent of or a substitute for wages, and are not paid based on hours of participation.

Please complete the Section 1 below and forward to your program director.
Program directors: please complete and sign* Section 2 and forward to ASSOU Advisor.

Section 1: Stipend Recipient Information

SOU ID: _____   First Name:_____   Last Name:_____

Local Phone: _____   Email: _____

Are you a US citizen or permanent resident?   Yes   No   If no, please contact the ASSOU Advisor to determine if additional forms are required.

By signing below, I acknowledge that I understand the following: the monthly stipend I will receive is not considered the equivalent of or a substitute for wages, and is not paid based on hours of participation; I will receive my stipend payment each month through a credit that will be applied to my SOU Banner Student Account; It will be applied to any outstanding balances due reflected on my account, any remaining balance will be forwarded to my Higher One card, and direct deposited to the bank account of my choice if I have activated that option with my Higher One card; If I vacate or am dismissed from my student leadership position, my stipend will be discontinued.

Recipient Signature: _____   Date:_____

Section 2: Student Group/Program Information

Program Name:_____   Index: _____

Position Title:_____   Monthly Stipend Amount: $_____

Stipend Begin Date:_____   Stipend End Date:_____   # of months: _____

Director:_____   Phone:_____   Email: _____

*By signing below, I'm authorizing a monthly stipend payment for the student listed above, and I acknowledge that the position and stipend amount are authorized in the program's approved incidental fee budget for this year.

Student Government Leadership participants cannot sign their own authorization forms-please forward to the ASSOU Advisor for verification of budget allocation and signature. All three signatures below are required for processing, except in the situations where the stipend is associated with one of the individuals below, in which case only the remaining two signatures are required for processing.

ASSOU President Signature: _____   Date: _____

ASSOU Dir. of Finance Signature: _____   Date: _____

ASSOU Advisor Signature: _____   Date: _____

Forward copy to Business Service, Bursar Office for issuing stipends to student Banner Accounts

Official Use Only

 (Please initial and date)

Added to: Master Disbursement List: _____   Disbursement Detail Code: A172 = ASSOU Leadership Stipend