# Request for Professional Development Stipend Payment

*Only pre-approved Professional Development Stipends may use this form*
*Refer to Request for Pre-Approval of a Professional Development Stipend Form*

***Forward completed request form with Requester and Dean/MPP signatures to the Office of Faculty Affairs (OFA) at facultyaffairs@csus.edu. Detail about the proper administration of Professional Development Stipends can be found in technical letter HR/Salary 2023-11.***

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| **Prepared By:** | **Position Title:** |
| **College/Center:** | **Date Prepared:** |
| **Stipend Amount*:** | **Chartstring:** |
| **Program/Activity Title:** | |

**All faculty who participate in the same manner and complete the same approved training or professional development opportunity must be paid the same amount.*

| **Number of Participants:** | | **Please attach an excel to this form, with name, employee ID, work completed date and stipend amount if more than 15 participants.** | |
|---|---|---|---|
| **Name (Last, First)** | | **Employee ID** | **Work Completed Date** |
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**Confirmation of Deliverables & Eligibility**

By signing below I confirm that the eligibility of all faculty who participated in the Professional Development Stipend (PDS) opportunity were checked per the language of technical letter HR/Salary 2023-11 prior to participation, that the faculty listed on this form or attached excel have completed all stated terms for compensation in full, that funding is sufficient to offer the stipend amount advertised for all listed participants, and that we understand only participants of a PDS opportunity and not program/activity facilitators are eligible for a PD stipend.

| **Requester Signature** | **College Dean/MPP Signature/Director*** |
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**QUESTIONS/CONTACT**

If you have any questions about completing this form, please email the Office of Faculty Affairs at facultyaffairs@csus.edu