

# BATES COLLEGE SPONSORED RESEARCH FACULTY STIPEND REQUEST

To receive a stipend, please complete the form below and submit it to the Dean of the Faculty's Office. NOTE: IF YOU HAVE MORE THAN ONE STIPEND FROM MORE THAN ONE SOURCE, PLEASE COMPLETE A SEPARATE FORM FOR EACH STIPEND REQUEST.

REMEMBER TO CALCULATE THE COLLEGE FICA MATCH! The College's FICA/Medicare contribution of 7.65% must be charged against the same fund/org code against which a stipend is charged, whether for internal or external grants. So if you have an external grant, and are working on a tight budget in which benefits are not calculated as a separate line, you need to consider this question:

**Does your requested stipend include the College FICA match, or should that be charged above and beyond the stipend amount?**

Most internal grants (such as Community Research Fellowships and stipends for participation in professional development activities) pay the FICA match above and beyond the stipend you are awarded. When in doubt, call the Dean's Office (ext. 6065).

If you are drawing a stipend from an external grant source (such as NSF, NIH, Research Corporation, etc.), both the stipend and the FICA match are charged to your grant account, so beware! You may have to reduce the size of your stipend to cover the FICA match and stay within your grant budget.

The worksheet below will provide the Payroll with the most accurate information to process your stipend.

**PLEASE NOTE: WE MUST PAY YOU DURING THE TIME PERIOD IN WHICH YOU DO THE WORK** (e.g., if you are conducting grant-funded research in July and August, we will pay you during those months). We cannot pay you in advance of your having done the work.

FACULTY NAME: \_\_\_\_\_

NAME OF PROJECT THAT INCLUDES STIPEND: \_\_\_\_\_

FUND/ORG CODE TO WHICH STIPEND SHOULD BE CHARGED: \_\_\_\_\_

A. STIPEND AMOUNT: \$ \_\_\_\_\_

B. COLLEGE FICA MATCH (STIPEND X .0765) \$ \_\_\_\_\_

C. TOTAL STIPEND AND FICA CHARGED TO FUND/ORG (A + B): \$ \_\_\_\_\_

MONTHS IN WHICH YOU ARE DOING THE WORK (CHECK 1-4 MONTHS):

<input type="checkbox"/> January	<input type="checkbox"/> May	<input type="checkbox"/> September
<input type="checkbox"/> February	<input type="checkbox"/> June	<input type="checkbox"/> October
<input type="checkbox"/> March	<input type="checkbox"/> July	<input type="checkbox"/> November
<input type="checkbox"/> April	<input type="checkbox"/> August	<input type="checkbox"/> December

DOF APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_