UNIVERSITY OF RICHMOND STUDENT SUMMER RESEARCH STIPEND REQUEST

Student Name: ___________________________ UR ID: ___________________________ Department: _______________________

Will this student live on-campus this summer?  Yes  or  No (please circle answer)
Will the student travel outside the US to perform any of this work? Yes  or  No (please circle answer)

Please enter index, account, and amount of total summer stipend to be charged to your grant in the space provided below.

Index: ___________ Acct: ___________ Amount: ___________ Grant Title ____________________________________________

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Please enter total stipend to be charged to your grant in the Total Amount of Pay field. Hourly rate is achieved as follows: Total Amount of Pay / Number of Weeks Working = Weekly Salary, Weekly Salary / Estimated Hours per week

Total Amount of Pay: _____________  Number of Weeks Working: _____________  Hourly Rate _____________
Starting Work Date: _____________  Ending Work Date: _____________  Estimated Hours per Week: _____________

Students paid from grant funds must enter their hours worked in Banner Web Time Entry (WTE). Hours worked must be submitted in WTE by the published deadlines. Students will receive an email reminder to submit hours to the Payroll Office. Please enter name of Web Time approver and proxy for this student. The approver and proxy must have first-hand knowledge of work being performed. Typically, the PI should be the approver and the proxy should be another faculty member, Post Doc, or Lab Manager. Admins cannot approve time.

Approver __________________________________________________ Proxy _________________________________________

Principal Investigator Signature ___________________________ Date _____________  Grants Accounting Manager Signature ___________________________ Date _____________

PI’s – please pass this form to your department admin so they may set up an EPAF for your student.

Department Admins–please complete the information below, scan the completed form, and return it by email to James Fitchett in the Grants Accounting Office, jfitchet@richmond.edu once the EPAF is completed.

EPAF Transaction Number ___________________________ Date _____________  Admin’s signature ___________________________