



SALARY STIPENDS / ONE TIME PAY  
for Lamar University Employees  
(Please attach this form to the F3.2 generating payment)

- STIPEND  
 ONE TIME PAY

Name: \_\_\_\_\_

Dept: \_\_\_\_\_

Date of services performed:

Time of day services performed:

\_\_\_\_\_

\_\_\_\_\_

Activity/services performed:

*(These activities and/or services performed must be above and beyond the regularly expected job assignment/responsibilities that are covered under a faculty member's 9-month contract and/or staff member's 12-month salary **or** for documenting the justification of stipend/one-time pay during summer sessions):*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Amount: \_\_\_\_\_

\_\_\_\_\_  
Signature of Recipient / Date

\_\_\_\_\_  
Authorization (Supervisor) / Date