

CONFIRMATION OF FACULTY STIPEND FOR DEFINED PROJECTS

TO BE COMPLETED BY ACADEMIC DEPARTMENT (PRIOR TO PROJECT START)

Dear	:
stipend payment for the project specified, under t	will indicate your acceptance of the assignment and the proposed he terms stated below, pursuant to the 2017-2023 Collective y of New York and the Professional Staff Congress/CUNY. The terms
Campus:	
Title of Project to Be Completed:	
Project Start Date:	Due Date for Completion:
Stipend Payment Amount:	Date of Confirmation:
College President or Designee Name (print):	
College President or Designee Signature:	
TO BE COMPLETED BY FA	CULTY MEMBER (PRIOR TO PROJECT START)
Name (print):	
CUNY ID ¹ :	City/State ID ² :
Full-Time Faculty Title:	
By signing below, I agree to the terms of the above	ve project:
Signature:	Date:
TO BE COMPLETED BY COLLEGE OF ACADEM	IC AFFAIRS/COLLEGE PROVOST (AFTER PROJECT COMPLETION)
Project Completion Date:	Payment Approval Date:
College President or Designee Name (print):	
College President or Designee Signature:	
	College HR Office as expeditiously as possible. The College HR ia Tumbleweed. Payment of the stipend will be made within two pay Payroll.

¹ This is your ID, which is used for CUNYfirst.

² Your City or State ID is found on your paystub.