

# JACKSONVILLE STATE UNIVERSITY

## Automobile Stipend Request Form

**Automobile stipends must be authorized annually at the beginning of each fiscal year. Use this form to request either a new auto stipend or an adjustment to an existing auto stipend. All requests for auto stipends must include this form.**

Department Information	
Date of Request:	
Department:	
Type of Request: <input type="checkbox"/> Adjustment of current stipend <input type="checkbox"/> New stipend	
Contact Name:	
Contact Phone Number:	
Requested Action	
<u>Current Stipend</u>	<u>New or Proposed Stipend</u>
Employee Name(s):	Employee Name(s):
Position Title and Grade:	Position Title and Grade:
Position Type:  <input type="checkbox"/> Full-Time Regular <input type="checkbox"/> Part-Time Regular <input type="checkbox"/> Full-Time Temporary <input type="checkbox"/> Part-Time Temporary	Position Type:  <input type="checkbox"/> Full-Time Regular <input type="checkbox"/> Part-Time Regular <input type="checkbox"/> Full-Time Temporary <input type="checkbox"/> Part-Time Temporary
Average Amount of Miles Driven in a Month: _____	Average Amount of Miles Driven in a Month: _____
Funding:  <input type="checkbox"/> Grant Fund <input type="checkbox"/> General Fund <input type="checkbox"/> Foundation Fund _____	Funding:  <input type="checkbox"/> Grant Fund <input type="checkbox"/> Grant Fund <input type="checkbox"/> Foundation
FOAP Code:-----61061-____	FOAP Code:-----61061-____
Proposed Effective Date:	

## Information

In the space below, please justify why the auto stipend is needed in lieu of the employee receiving the JSU mileage reimbursement rate for the use of a personal vehicle for JSU business.

Please be sure to include the following information:

- Locations to which the employee must drive;
- The approximate distance between locations;
- The frequency of trips per month;
- The necessity of the trips ;
- How the driving corresponds to the employee's job description.

### Job Title

Are there other employees within your department that also hold this job title?  Yes  No

If you answered yes, are they also required to drive in the course of their duties?

### Alternative Considerations

Is a JSU vehicle available for use for the employee?  Yes  No

If yes, please describe which vehicle is available:

Is there any way that the driving between locations can be reduced by employees combining multiple trips into one, lowering the number of times an employee has to visit a location per month, etc?

Immediate Supervisor Approval:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President (or President) Approval:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have any questions or need assistance when filling out this form, please do not hesitate to contact Payroll at (256) 782-5565.*

*When this form has been completed, please submit to: Payroll at [payroll@jsu..](mailto:payroll@jsu..)*

### JUSTIFICATION & COMMENTS