

Request for Bridge Funding: Temporary Incapacitation

IOWA STATE UNIVERSITY
GRADUATE COLLEGE

1137 Pearson Hall, (515) 294-4531

I. STUDENT, PREDOC, or POSTDOC INFORMATION:

Applicant Name:
(Last) (First) (ISUID#)

Academic Home Department:

Name of Supervisor:

Dates of leave: to

I certify that I have an illness or injury that prevents me from performing my assistantship or postdoc duties.

Applicant's Signature: Date:

Supervisor Signature: Date:

II. HIRING UNIT INFORMATION:

Applicant's Academic (Home) College:

Current monthly stipend/salary \$. Current account(s):

Dates of current appointment: to

Current Position (check all that apply):

TA (Teaching Assistant) RA (Research Assistant) AA (Administrative Assistant) Postdoc Predoc

Hiring Department/Unit:

Contact Name: Address:
(Person who will enter the EPA)

Authorization Name:

Authorization Signature: Date:

III. ACADEMIC HOME COLLEGE/UNIT:

Academic (Home) College Name (if different from above):

Account (50% stipend/salary):

Authorization Name:

Authorization Signature: Date:

IV. GRADUATE COLLEGE:

Account (50% stipend/salary):

Authorization Name:

Authorization Signature: Date:

Comments:

Return approved form to Hiring Unit/Department contact person to enter EPS.