

SUSPENSION/TERMINATION OF STIPEND**HIGHER DEGREE RESEARCH UNIT / UNDERGRADUATE STUDIES / MACQUARIE INTERNATIONAL TO COMPLETE:****Submit this form to:**

- a) Suspend from payroll until further notice
- b) calculate overpayment

Division/Office: _____

Student Number: _____

Family Name: _____ Other Names: _____

Suspend Stipend/Living Allowance for the above student at next available pay

____ / ____ / ____

Calculate overpayment of Stipend/Living Allowance at

a. Termination date of ____ / ____ / ____

OR

b. Suspension date of ____ / ____ / ____

Signature of Scholarship Officer**Fax calculation to:** _____**HR USE ONLY**

| Hourly Rate \$ | Period From DD/MM/YY | Period To DD/MM/YY | Total \$ |
|-------------------|-------------------------|-----------------------|-------------|
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**Equal Employment Opportunity and No Smoking are
University Policies****Human Resources@**Source: Manager, Remuneration
Form 29.13bCreated: 2 August 2006
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