

Instructions: Use this form to request a monthly stipend as outlined in the SUPA bargaining agreement. Submit a completed request to University Personnel at classcomp@sjsu.edu.

Check one:

- ☐ New Stipend Request – Complete Sections 1, 2, and 3
- ☐ Extend Current Stipend – Complete Sections 1, 2, and 3
- ☐ End Current Stipend Prior to End Date – Complete Sections 1 and 3. End Date: _____

1. INFORMATION ABOUT EMPLOYEE	
Name: _____	SJSU ID: _____
Department: _____	
Classification: _____	Position #: _____

2. INFORMATION FOR NEW OR EXTENSION OF STIPEND	
<input type="checkbox"/> POST Intermediate Stipend	\$250 Beginning Date: _____
<input type="checkbox"/> POST Advanced Stipend	\$300 Beginning Date: _____
(includes \$200 intermediate stipend amount)	
<input type="checkbox"/> Special Assignment Stipend	\$ _____ Beginning Date: _____ End Date: _____
Description of Special Assignment:	
<input type="checkbox"/> Uniform Allowance	\$ _____ Beginning Date: _____

3. ADMINISTRATOR AUTHORIZATION AND UNIVERSITY PERSONNEL APPROVAL	
Appropriate Administrator	
Name: _____	Signature: _____ Date: _____
Appropriate Administrator	
Name: _____	Signature: _____ Date: _____
Class/Comp Analyst	
Name: _____	Signature: _____ Date: _____
Earnings ID: _____	