

Instructions: Use this form to request compensation for the performance of temporary additional work above the employee's regularly assigned duties as outlined in the [APC, UAPD and the CSUEU bargaining agreements](#). Submit a completed request to University Personnel at classcomp@sjsu.edu.

Do you plan to have the temporary duties become part of the employee's permanent job duties?

- ☐ Yes **Stop.** Please complete the appropriate classification/compensation review documents and forward the documents to University Personnel for review.
- ☐ No Please complete this form.

Check one:

- ☐ New Stipend Request – Complete Sections 1, 2, 3, and 4
- ☐ Extend Current Stipend – Complete Sections 1, 3, and 4
- ☐ End Current Stipend Prior to End Date – Complete Sections 1 and 4. End Date: _____

1. INFORMATION ABOUT EMPLOYEE

Name: _____	SJSU ID: _____
Department: _____	
Classification: _____	Position #: _____

2. RATIONALE FOR STIPEND

3. INFORMATION FOR NEW OR EXTENSION OF STIPEND

Note that stipends are paid for a full pay period (month) only.

_____ Amount of Stipend* \$ <small>*Minimum 3% of base monthly salary for CSUEU</small>	_____ Beginning with Pay Period: (month/year)	_____ Through Pay Period: (month/year)
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4. ADMINISTRATOR AUTHORIZATION AND UNIVERSITY PERSONNEL APPROVAL

Appropriate Administrator

Name: _____	Signature: _____	Date: _____
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Appropriate Administrator

Name: _____	Signature: _____	Date: _____
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Classification & Compensation

Name: _____	Signature: _____	Date: _____
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Earnings ID: _____