

Instructions: Use this form to request a monthly stipend as outlined in the SUPA bargaining agreement. Submit a completed request to Human Resources 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	\$100	Beginning Date:	
<input type="checkbox"/> POST Advanced Stipend	\$250	Beginning Date:	
<input type="checkbox"/> Special Assignment Stipend	\$	Beginning Date:	Ending Date:
Description of Special Assignment:			
<input type="checkbox"/> Uniform Allowance	\$	Beginning Date:	

3. Administrator Authorization and Human Resources Approval

Appropriate Administrator		
Name: _____	Signature: _____	Date: _____
Appropriate Administrator		
Name: _____	Signature: _____	Date: _____
Senior Workforce Planning Analyst		
Name: _____	Signature: _____	Date: _____