

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

POST Intermediate Stipend \$200 Beginning Date: _____

POST Advanced Stipend \$250 Beginning Date: _____
(includes \$200 intermediate stipend amount)

Special Assignment Stipend \$ _____ Beginning Date: _____ End Date: _____

Description of Special Assignment: _____

Uniform Allowance \$ _____ Beginning Date: _____

Funding (Dept ID-Fund-Acct-Class/Project ID): _____

3. ADMINISTRATOR AUTHORIZATION AND UNIVERSITY PERSONNEL APPROVAL

Appropriate Administrator

Name: _____ Signature: _____ Date: _____

Appropriate Administrator

Name: _____ Signature: _____ Date: _____

Class/Comp Analyst

Name: _____ Signature: _____ Date: _____