

*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 UAPD and the CSUEU bargaining agreements. Submit a completed request to Human Resources at [classcomp@sjsu.edu](mailto: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 Human Resources 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**

<p><i>Note that stipends are paid for a full pay period (month) only.</i></p> <p>Beginning with Pay Period: _____ (month/year)</p> <p>Through Pay Period: _____ (month/year)</p> <p>Funding (Dept ID-Fund-Acct-Class/Project ID): _____</p>	<p>Amount of Stipend* \$ _____</p> <p><small>*Minimum 3% of base monthly salary</small></p>
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**4. Administrator Authorization and Human Resources Approval**

<b>Appropriate Administrator</b>		
Name: _____	Signature: _____	Date: _____
<b>Appropriate Administrator</b>		
Name: _____	Signature: _____	Date: _____
<b>Workforce Planning Analyst</b>		
Name: _____	Signature: _____	Date: _____