

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 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* \$	Beginning with Pay Period:	Through Pay Period:
*Minimum 3% of base monthly salary	(month/year)	(month/year)

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

4. ADMINISTRATOR AUTHORIZATION AND UNIVERSITY PERSONNEL APPROVAL

Appropriate Administrator

Name: _____ Signature: _____ Date: _____

Appropriate Administrator

Name: _____ Signature: _____ Date: _____

Classification & Compensation

Name: _____ Signature: _____ Date: _____