

**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](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 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.**

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

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: \_\_\_\_\_