

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	
<input type="checkbox"/> POST Intermediate Stipend \$250 Beginning Date: _____	
<input type="checkbox"/> POST Advanced Stipend \$250 Beginning Date: _____ (includes \$200 intermediate stipend amount)	
<input type="checkbox"/> Special Assignment Stipend \$ _____ Beginning Date: _____ End Date: _____	
Description of Special Assignment:	
<input type="checkbox"/> 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: _____
	Earnings ID: _____