



HUMAN RESOURCES
MANAGEMENT

Request for Salary Stipend – APC & CSUEU Employees

1000 E. Victoria Street ▪ Welch Hall, Third Floor, Room 340 ▪ Carson, CA 90747

310-243-3771 ▪ 310-928-7256 (Fax)

Instructions: Appropriate Administrator--Submit completed request to Classification and Compensation.

REQUEST		
Employee Name:	Empl ID:	Are the additional duties within the current classification and bargaining unit of the employee? If no, what is the classification/bargaining unit that the work would normally be assigned to:
Department:		
Classification & Title:		
Dates of assignment:		Stipend requested at 3% - 10% of monthly salary
Beginning: _____ (month/ date / year)	Ending: _____ (month/ date / year)	_____ %* * Be advised that the dollar amount of the stipend will not change when adjustments occur to the base salary unless a new stipend request is received.
Reason for Request: <input type="checkbox"/> Temporary Project Coordination <input type="checkbox"/> Temporary Lead Worker Functions <input type="checkbox"/> Temporary Additional work or special projects <input type="checkbox"/> Required to maintain contact with campus outside normal work hours on a regular basis		
Please Describe (attach additional pages as needed): 		

REVIEW AND APPROVAL		
Do you plan to have the above temporary duties become part of the employee's permanent job duties?		
<input type="checkbox"/> Yes	Please complete the appropriate classification review documents and forward to the Classification and Compensation unit for review.	
<input type="checkbox"/> No		
<input type="checkbox"/> Requested by:	_____	Appropriate Administrator (PRINT)
	_____	Appropriate Administrator Signature (Date)
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____	Associate VP / Dean Signature (Date)
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	_____	Vice-President Signature (Date)
<input type="checkbox"/> Review for Eligibility	_____	Human Resources Management (Date)