



HUMAN RESOURCES  
MANAGEMENT

## Request for Salary Stipend – 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 Human Resources Management.

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: _____	Ending: _____	_____ %*
(month / year) (month / 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.
<b>Reason for Request:</b> <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		
<b>Please Describe</b> (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)