Stipend Request Form
For CSUEU (Units 2, 5, 7, 9) and APC (Unit 4)

- Stipends are compensation for work that is temporary in nature that is consistent with the employee's current classification.
- Stipends are paid on a monthly basis; stipends cannot be issued for only a portion of a month.
- Stipend requests are to be submitted and approved by HR before the employee begins the additional work.
- If the stipend request is due to additional work as a result of a vacancy, please complete the Work Force Analysis process first.
- Please send completed requests to: hr.forms@csuci.edu
- 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.
- Each stipend is reviewed per the Collective Bargaining Agreement
    - **Note:** All stipend requests must be in compliance with CSUEU and APC Collective Bargaining Agreements

I. EMPLOYEE INFORMATION:

Employee Name: _____ **Employee ID:** _____

Classification (not working title): _____

Employee Status: ☐ Permanent ☐ Probationary ☐ Temporary

FLSA Status: ☐ Non-Exempt (earns overtime) ☐ Exempt (does not earn overtime)

Stipend Period: From: _____/_____/_____ To: _____/_____/_____

II. PLEASE IDENTIFY THE PURPOSE OF THE STIPEND:

In the box below, provide a list of the additional work to be performed (attach additional pages as needed).

Duty / Task / Assignment	Estimated number of hours per week

FOR CSUEU (2, 5, 7, 9) EMPLOYEES ONLY:

Please identify the purpose(s) of the stipend:

☐ Temporary project coordination (Article 20.27)
☐ Temporary lead work coordination (Article 20.27)
☐ Temporary additional work over and above regularly assigned duties (Article 20.28)
☐ Temporary special projects over and above regularly assigned duties (Article 20.28)
☐ Employee is required to maintain contact with their campus outside of their normal working hours on a regular basis (Article 20.28)

III. COMPENSATION AMOUNT REQUESTED:

Note: The minimum stipend amount for CSUEU is 3% of base monthly salary rate *[Article 20.29(b)].*

Stipend amount requested: _____ % of current salary -or- $ _____ (flat dollar amount)

Please describe how this this amount was determined (attach additional pages as needed):

IV. APPROPRIATE ADMINISTRATOR REVIEW

Appropriate Administrator Name: _____ Date: _____/_____/_____

V. HUMAN RESOURCES REVIEW

HR Administrator Name: _____ Date: _____/_____/_____