

ADMINISTRATIVE STIPEND APPROVAL REQUEST

Name of Employee:

Employee ID:

Employee's Current Payroll Title:

Annualized Pay Rate:

Where did these duties originate? Are they new duties or did they come from another position?

Reason for temporary assignment:

Request type:

For extensions, provide original stipend date:

Description of temporary duties:

Stipend Begin Date:

Amount of Stipend \$:

Stipend End Date:

Percentage of base pay:

Rationale for amount:

Request Initiator: _____

Supervisor: _____

Department Approval Authority: _____

Additional Approver (a. optional): _____

Additional Approver (b. optional): _____

VC Endorsement: _____

HR/Compensation Approval: _____

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**Effective July 1, 2020, ALL Stipends must be approved by Campus Human Resources.
This form should be completed and maintained in department files.*

*UC San Diego Campus Human Resources
Rev. July 2020*