

Administrative Stipend Approval Form

Name of Employee:

Employee's Current Payroll Title/Monthly Pay Rate:

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

Reason for temporary assignment (*check one*):

Assignment of higher-level functions

Significant job duties not part of the employee's current job description

Description of temporary duties:

Stipend Begin Date:

*Stipend End Date:

Amount of Stipend \$ _____ per month

Rationale for amount:

Signature of Supervisor

Date

Signature of Approval Authority

Date

**Stipends beyond one year must be approved by Campus Human Resources.
(This form should be completed and maintained in department files)*