

ADMINISTRATIVE STIPEND APPROVAL FORM

Name of Employee_____

Current Payroll Title/Monthly Pay Rate_____

Title of the position to which temporarily assigned (or classification level of special assignment)

Describe Temporary Higher-Level Duties

Reason for Temporary Assignment_____

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 Human Resources.*

This form should be completed and maintained in department files.