

New Stipend
Extension of Stipend

REQUEST FOR CSUEU EMPLOYEE STIPEND / EXTENSION

To be initiated only by a HEERA Manager

EMPLOYEE INFORMATION			
Name:		Bronco ID #:	
Classification Title:		Department ID Number:	
Position Number:		Percentage Increase Requested:	
Original Start Date for Stipend:	End Date for Stipend/Extension End Date:	Is this Stipend due to Early Exit Program in the Department: Yes No	
BASIS FOR STIPEND (OR EXTENSION OF STIPEND)			
Source of Additional Work (vacancy, resignation, special project, etc.):			
Additional Tasks/Responsibilities (lead/project coordination work, etc.):			
REQUIRED APPROVALS			
HEERA Manager Approval			
Name (Please print):		Signature:	
Title:		Date:	
Associate Vice President (AVP)/Dean			
Name (Please print):		Signature:	
Title:		Date:	
Vice President			
Name (Please print):		Signature:	
Title:		Date:	
FOR HUMAN RESOURCE SERVICES' USE ONLY			
Current Salary:		Effect. Date:	
Stipend % Approved:		End Date:	
2 Year Mark:			
cc: Payroll, Personnel File, HEERA Manager		Approval:	