

**ADMINISTRATIVE STIPEND APPROVAL FORM**  
**(Complete all yellow shaded areas)**

Name of Employee:

Current Payroll Title:

Monthly Pay Rate:

Title of 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.