

# STIPEND - REQUEST FORM (SRF)

Georgia State University

A stipend is pay for additional work performed that is of a temporary nature and is not a part of an employee's regular responsibilities. Faculty may receive a stipend for assuming limited term administrative duties such as the roles of chair, director, or associate dean. Staff may receive a stipend for work that is temporary (no more than 12 months) and is not a part of their regular duties. If the duties are to be beyond 12 months, then the job should be examined by Classification and Compensation for reclassification and possible permanent salary adjustments. NOTE: All approvals are required for this request.

### A. EMPLOYEE

Name (LAST, First, Middle) <i>(As it appears on Soc Sec card)</i>	Employee ID:
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### B. APPOINTMENT CLASSIFICATION (✓ Appropriate classification. Explain multiple appointment classifications in Remarks below.)

Faculty, Academic Year (AY)	Staff, Regular (ongoing or > 3 yrs)
Faculty, Fiscal Year (FY)	

### C. Must be received by Central HR Payroll 10 working days before regularly scheduled pay date.)

A stipend cannot exceed 12 months. But renewals will be considered.	Start Date (Required)			End Date(Required)			Speedtype to charge stipend
	mo	day	yr	mo	day	year	

### D. SALARY/JOB INFORMATION

\$ \_\_\_\_\_ Current Salary                     
 \$ \_\_\_\_\_ Stipend Requested                     
 \$ \_\_\_\_\_ Per pay period amount

Current University Title: \_\_\_\_\_ ( ) Exempt ( ) Non-Exempt

### JUSTIFICATION FOR SALARY ADJUSTMENT – All requests require a narrative

( ) Acting or Interim appointment for position \_\_\_\_\_ which is currently filled by \_\_\_\_\_

The modifier "acting" applies when the post continues to be filled on a permanent basis, yet the permanent appointee is unavailable, e.g. because of extended travel, sabbatical leave, or illness. The modifier "interim" is used when the post is vacant on a permanent basis. An acting officer serves in the stead of a permanent appointee, but an interim officer serves through a period between permanent appointees.

( ) Duties/Increased responsibilities without change in job title

( ) Other: \_\_\_\_\_

**Explanation for the proposed salary adjustment.** Demonstrate how this change supports the Department/ University salary equity and strategic plans.

### APPROVALS (I have reviewed this form and determined that the additional compensation on a temporary basis is warranted).

	NAME (Printed)	SIGNATURE	Phone Ext	Date
Authorized Requestor/Initiator of Action <sup>1</sup> <b>(required)</b>				
Authorized Approver for Budget Unit <sup>1</sup> <b>(required &amp; different than Initiator)</b>				
Authorized Approver for 2 <sup>nd</sup> Budget Unit <sup>1</sup> <b>(if multiple budget units are charged)</b>				
Dean, VP, <b>(or authorized designee, required)</b>				
Provost, or President <b>May be Required in some situations</b>				

Processed by Payroll: \_\_\_\_\_/\_\_\_\_\_

Employee Signature                      Date Completed.