

Berkeley College of Chemistry

STIPEND REQUEST

Employee Details

Name: _____ Employee ID: _____
Department: _____ Job Code: _____
Working Title: _____ Job Description: _____
Salary: _____ Supervisor: _____

Stipend Details

Is this stipend request part of a reclassification?

Does Compensation (People & Culture) already support the reclass request?

Stipend Rate %: _____ Monthly Amount: _____
Start Date: _____ End Date: _____
Chartstring: _____
Funding Source (grant, gift, department funds, etc): _____

Reason/Justification for Stipend:

Supervisor Approval: _____ Date: _____

Chair / Dept Manager Approval: _____ Date: _____

Sr Asst Dean of Administration Approval: _____ Date: _____

Dean Approval: _____ Date: _____