

Management Initiated Bonus/Stipend Request Form

STEP 1: REQUESTER INFORMATION					
Manager/Administrator Name:			Manager/Administrator Email:		
Employee Information					
Employee Name:			Employee ID:		
Classification:			Working Title:		
Division:			Department:		
Bargaining Unit:		Has the employee received IRP, Stipend, Bonus, or Reclassification within the last 12 months? If yes, received on:			
STEP 2: TRANSACTION INFORMATION					
*Please note that all Stipends will end by June 30 th and are required to be resubmitted by the department for each fiscal year.					
One-time Bonus \$		Monthly Stipend %		Proposed Start Date: End Date:	
Current Salary \$		Is funding available?		Max Annual Salary Funding:	
Written justification for my request is attached (please be as thorough as possible)					
STEP 3: BUDGET & POSITION CONTROL INFORMATION					
INTERNAL DEPARTMENT ANALYST					
Dept Name/ID:			CMS Position Number:		
Funding Source					
Account	Fund	Dept ID	Program	Project	% Funding
Dept/Division Budget Analyst		Signature			Date
UNIVERSITY BUDGET OFFICE ANALYST					
Funding Verified?	Budget Analyst	Signature			Date
Funding Justifications/Comments:					
STEP 4: ACKNOWLEDGMENT					
All requests submitted to Human Resources must include the below signatures.					
Required Signatures as applicable	Print Name	Signature	Date forwarded to next level administrator		
Appropriate Administrator					
Dean/Director/AVP					
Vice President					

*Submit completed and signed request, with any supporting documentation, to: class_comp@csustan.edu.