

**ARIZONA DEPARTMENT OF ADMINISTRATION HUMAN RESOURCES DIVISION
AUTHORIZATION REQUEST FOR STIPEND/SALARY ADD ON**

AGENCY:	REQUEST TO:
	<input type="checkbox"/> Add a Stipend <input type="checkbox"/> Remove a Stipend

REASON FOR REQUEST:

CRITERIA FOR ELIGIBILITY: (BE SURE TO INCLUDE JOB CODES AND IF NECESSARY, PROCESS LEVELS, DEPARTMENTS, AND EMPLOYEE STATUSES)

PROPOSED/EXISTING AMOUNT: (SELECT ONE CHECKBOX AND FILL IN AMOUNT)
<input type="checkbox"/> \$ _____ per hour (\$ _____ per year)
<input type="checkbox"/> \$ _____ flat amount (one time payment)
<input type="checkbox"/> _____ % of base salary

PROPOSED EFFECTIVE DATE:

Submission of this request certifies that funds are available to implement this change if approved.

Agency Head or Designee

Date

<p>For ADOA HRD Central Use Only</p> <p>Name of Stipend/Salary Add On: _____</p> <p>Affected Agencies: _____</p> <p>Effective Date: _____ Amount: _____ Pay Code: _____</p> <p>Eligible Class(es): _____</p> <p>Comments: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____</p> <p><input type="checkbox"/> CCB Notified</p>
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