



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

Certified Public Accountant (CPA) Stipend Request (Payroll Adjustment)

Job Share / Part-Time Partial Year Eligible - Stipend prorated Full Year Eligible / Full-Time \$750

Must print in Black or Blue ink ONLY

Employee ID	Rcd No.	Last Name, First Name		
Department		Approved Payment Amount	Effective Pay Period	

This payment is requested pursuant to Certified Public Accountant Stipend Article of the Memorandum of Understanding (MOU) between General MOU members of the SBPEA Teamsters Local 1932 and County of San Bernardino; and The Exempt Working Conditions Ordinance.

The County shall establish a \$750 annual Certified Public Accountant (CPA) Stipend for employees in the following classifications who attain and maintain a valid CPA License:

- Internal Auditor II, III, IV, and Supervisor II and III
- Accountant I, II, III, and Supervisor II and III
- Internal Review Accountant I, II, III, and IV
- Systems Accountant I, II, III, and Supervisor
- Assistant Executive Officer-Finance & Administration
- Administrative Analyst I, II, III
- ARMC Chief Financial Officer
- Assistant Auditor-Controller/Treasurer/Tax Collector
- Assistant Executive Officer-Finance & Administration
- Principal Administrative Analyst
- Auditor-Controller Division Chief
- Auditor-Controller Manager
- Chief Administrative Analyst
- County Chief Financial Officer
- Deputy Executive Officer
- HS Auditing Manager/Chief
- Labor Relations Financial Analyst
- Public Health Chief Financial Officer
- Public Works Chief Financial Manager
- Sheriff's Financial Manager

An annual CPA stipend of \$750 shall be paid to employees in a regular position who are licensed CPAs, and in a paid status in the pay period that includes July 1 of each year. Eligible employees in a regular position who are part-time or job-sharing shall be eligible for a prorated lump-sum payment based on regularly scheduled hours. An employee who is licensed as a CPA after July 1, or who is appointed after July 1, shall receive a prorated CPA stipend payment at the time of licensure or appointment, as applicable. Such proration shall be based on the remaining number of pay periods in the fiscal year nearest to appointment

Complete this prorate section only if the employee is not a Full Year Eligible/ Full-Time Employee

Beginning Date	Ending Date	Annual Stipend	# of PP in a Fiscal Year	Pay Period Accrual Rate	# PP remaining in Fiscal Year	Eligible CPA Stipend	Job Share prorate	Job Share Stipend
<input type="text"/>	to <input type="text"/>	<input type="text"/>	/ <input type="text"/>	= <input type="text"/>	X <input type="text"/>	= <input type="text"/>	* <input type="text"/>	= <input type="text"/>

I certify that I have verified the employee's eligibility for the Certified Public Accountant Stipend per the MOU/Comp Plan.

Payroll Specialist Name (Print & Sign)	Telephone	Date
Appointing Authority or Designee (Print & Sign)	Telephone	Date

Office Use Only

PP Begin Date	PP End Date	M52	Verified By/Date	Keyed By/Date	Reviewed By/Date
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DISTRIBUTION: Original - Central Payroll (0032)