

Cape Girardeau Public School District No. 63
Stipend Request/Change Form

STIPEND TITLE _____ NAME _____

BUILDING _____ DATE _____

STIPEND AMOUNT REQUESTED _____

IMMEDIATE SUPERVISOR:

Title: _____

Name: _____

PART 1: DESCRIPTION OF STIPEND POSITION

A. PURPOSE OF STIPEND: State briefly the purpose or focus of your activity. Describe the primary function of your activity (what the activity must accomplish) and the major objective (why that function is performed). Describe how it contributes to the goals of the District.

B. QUANTITATIVE DATA: Indicate important scope data which affect how you do your activity and demonstrates its size or effect on the District. State all figures on an annual basis. Estimated numbers are satisfactory.

1. Activity Budget _____

2. Fundraiser Income _____

3. Annual Expenditures _____

4. Number of Students _____

5. Number of Staff Supervised _____

6. Number of performances/events/competitions days _____

7. Number of practice/meeting days _____

C. Hours outside of regular contract

1. Before/After School Hours _____
2. Preparation Hours _____
3. Weekend Hours _____
4. Summer Hours _____

D. Total duration of the activity.

Begin Date _____

End Date _____

E. ACTIVITIES: List five to eight statements which describe only the major activities for which you are accountable.

F. CHALLENGES: Describe the nature and variety of challenges you face in this position.

G. PERFORMANCE MEASUREMENT: Every position has aspects that can be measured to gauge how well the incumbent has performed. List four to seven key end results to be achieved by your position that would provide an appropriate basis for evaluating your performance.

PART II. GENERAL

Describe any significant factors important to this stipend that are not covered elsewhere: e.g., special assignments, unique conditions, travel/overnight trips, licensing/certification, degree of exertion or physical effort, etc.

Questionnaire completed by:
(Please sign)

Employee

Date