



CAPE GIRARDEAU PUBLIC SCHOOLS

301 NORTH CLARK AVE • CAPE GIRARDEAU, MO 63701 • PHONE: 573-335-1867 • FAX 573-335-1820

Stipend Request and Evaluation

The employee must complete this form (providing all information requested), sign and submit to the appropriate supervisor/principal for review.

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

Stipend Evaluation Review

(To be completed by immediate supervisor)

It is essential that you thoroughly review the contents of this questionnaire and complete the sections below. This is not a performance appraisal for the individual, but a review of the content and accuracy of this questionnaire.

- A. What do you consider the most important responsibilities of this stipend position?

- B. What do you see as the key end results of this position?

- C. What would you recommend as an appropriate stipend amount?

- D. Comment on the accuracy and completeness of this questionnaire. Add any items that will make the questionnaire more complete.

___ Approved ___ Disapprove _____
Immediate Supervisor Date

___ Approved ___ Disapprove _____
Principal (if different from supervisor) Date

CAO Use Only

___ Approved ___ Disapprove _____
Superintendent Date

Amount Approved _____ Start Date _____

Revised: 4/1/2018