



# CAPE GIRARDEAU

## PUBLIC SCHOOLS



### New Stipend Request Form

**Stipend Title:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Location:** \_\_\_\_ District **Effective School Year:** \_\_\_\_\_

\_\_\_\_ Building: \_\_\_\_\_ **Stipend Amount Requested:**

\_\_\_\_ Flat Amount: \_\_\_\_\_

\_\_\_\_ Stipend Salary Schedule %: \_\_\_\_\_

#### IMMEDIATE SUPERVISOR:

**Name:** \_\_\_\_\_

**Title of Supervisor:** \_\_\_\_\_

**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.*

**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 including budget information, number of students and staff involved. Estimated numbers are satisfactory.*

**TIME REQUIRED:** *Include hours outside of the regular contract / work agreement including before/after school hours, prep hours, weekend and summer hours. Estimated time is satisfactory.*

**DURATION:** *Include approximate months/timeline of responsibilities associated with stipend.*

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

**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.*

**NOTES:**

**Authorized Signatures:**

\_\_\_ Approve    \_\_\_ Disapprove

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_ Approve    \_\_\_ Disapprove

\_\_\_\_\_  
Principal (if different from supervisor)

\_\_\_\_\_  
Date

\_\_\_ Approve    \_\_\_ Disapprove

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

***This section is to be completed by Human Resources.***

***Job # \_\_\_\_\_***

\_\_\_\_\_  
Human Resources Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
SISFIN Data Entry Completed By

\_\_\_\_\_  
Date

\_\_\_\_\_  
SISFIN Data Entry Verification

\_\_\_\_\_  
Date