

Achievement-focused Extracurricular (ECA) Program ECA CLASS 1 STIPEND ASSIGNMENT FORM

Division of Financial Management
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Use this form to assign the number of initial hours or to change the number of assigned hours for sponsors.
Submit completed form to DFSS@mcpsmd.org.

School Name _____ ☐ MS (E1-M04-2) ☐ HS (E1-M04-4) School # _____ Date ____/____/____

PART 1—ACHIEVEMENT-FOCUSED ECA PROGRAM STIPEND ASSIGNMENTS

EMPLOYEE ID	LAST NAME	FIRST NAME	CHECK IF SUPPORTING SERVICES EMPLOYEE	ACTIVITY NAME	INITIAL ASSIGNED HOURS	HOURS TO ADD (+) OR SUBTRACT (-)	REVISED ASSIGNED HOURS	FOR CENTRAL OFFICE USE ONLY
			<input type="checkbox"/>					
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			<input type="checkbox"/>					

PART 2—ELIGIBILITY OF SUPPORTING SERVICE EMPLOYEES

IMPORTANT NOTE: Supporting services employees are eligible to work in stipend activities—ONLY when:

1. The school sought teacher-level applicants and does not have a candidate interested, AND
2. The employee volunteered to take the assignment, AND
 - a. The employee is part-time with enough remaining time to conduct the activity without exceeding a total 8 hours of work per day and 40 hours of work per week, **OR**
 - b. The employee is full-time but the stipend requires work in another capacity than the employee's normal work.

Check one and sign to verify eligibility:

- ☐ I verify that all supporting services employees listed on this form meet the eligibility criteria listed above.
☐ I verify that there are NO supporting services employees listed on this plan.

Principal Name (Please Print) _____ Principal Signature _____ Date ____/____/____

PART 3—TO BE COMPLETED BY DEPARTMENT OF FINANCIAL SCHOOL SUPPORT

☐ **Reviewed/Verified**—Final authorization is contingent upon ERSC verification of employee eligibility for stipends.

Signature, Department of Financial School Support Director/Designee _____ Date ____/____/____