

**MONTGOMERY COUNTY PUBLIC SCHOOLS**

**Small High School Support Compensation Assignment Form**

Office of Finance  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

Use this form to assign eligible employees stipend amounts for providing support for evening hours activities.  
Submit completed form to [DSRFS@mcpsmd.org](mailto:DSRFS@mcpsmd.org).

School Name \_\_\_\_\_ School # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 1—SMALL HIGH SCHOOL SUPPORT COMPENSATION STIPEND ASSIGNMENTS**

EMPLOYEE ID	LAST NAME	FIRST NAME	INITIAL ASSIGNMENT STIPEND	\$ TO ADD (+) OR SUBTRACT (-)	REVISED ASSIGNED STIPEND	FOR CENTRAL OFFICE USE ONLY

**PART 2—ELIGIBILITY CONFIRMATION AND PRINCIPAL'S SIGNATURE**

- Each employee is an administrator at another school, a school business administrator, or a central office administrator.
- Each employee volunteered to take the assignment.

I verify that each employee listed on this form meets the eligibility criteria listed above and I have attached documentation of the work completed.

Principal Name (Please Print) \_\_\_\_\_ Principal Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 3—TO BE COMPLETED BY DIVISION OF SCHOOL RESOURCE AND FINANCIAL SUPPORT STAFF**

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

Signature, Division of School Resource and Financial Support Director \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_