

Change to Annual Plan for Extracurricular Activities

FY _____

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

PART I—TO BE COMPLETED BY THE PRINCIPAL: Indicate changes to **Class 1 hours**. If sponsor is supporting services employee, check box below.

DECREASE IN CLASS 1 HOURS							INCREASE IN CLASS 1 HOURS					
Activity— Code	Level*	Class 1 Sponsor Whose Hours Are to Be Decreased	Employee ID #	Supp. Serv. Emp.	Previous Hours Allocated	Revised Hours to be Paid	Class 1 Sponsor Whose Hours Are to Be Increased	Employee ID #	Supp. Serv. Emp.	Date	Previous Hours Allocated	Total Revised Hours to be Paid
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			

PART II—TO BE COMPLETED BY THE PRINCIPAL: Indicate changes to **Class 3 stipends**. If sponsor is supporting services employee, check box below.

DECREASE IN CLASS 3 STIPENDS							INCREASE IN CLASS 3 STIPENDS					
Activity— Code	Level*	Class 3 Coach/Sponsor Whose Stipend Is to Be Decreased	Employee ID #	Supp. Serv. Emp.	Previous Dollar Amount Allocated	Revised Dollar Amount to be Paid	Class 3 Coach/Sponsor Whose Stipend Is to Be Increased	Employee ID #	Supp. Serv. Emp.	Date	Previous Dollar Amount Allocated	Total Revised Dollar Amount to be Paid
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			
				<input type="checkbox"/>					<input type="checkbox"/>			

PART III—SUPPORTING SERVICES EMPLOYEES IN CLASS 1 AND/OR CLASS 3 ACTIVITIES

Supporting services employees may be eligible for stipend activities if and only if:

- 1. The school sought teacher-level applicants and does not have a candidate interested AND
- 2. The employee volunteered to take the assignment AND
- 3a. The employee is a part-timer with enough remaining time to conduct the activity without exceeding 40 hours per week (generally, this means as a supporting service employee who works 30 hours per week or less, may be considered) **OR**
- 3b. The employee is a full-timer but the stipend requires work in another capacity than his/her normal work. The Fair Labor Standards Act considers anything instructional to be similar work. Therefore, the regular work of an employee must not be instructionally related. In general, significant contact with students is considered to be instructionally related. Employees in such positions as paraeducators, media assistants, and career information coordinators are considered instructional under this limitation and may not work in a stipended activity if it would require work beyond 8 hours a day or 40 hours a week.

- I verify that all supporting services employees listed within this form meet the criteria listed above.
- I verify that there are NO supporting services employees listed within this form.

I understand that my electronic submission of this form, and my electronic signature, are intended to be, constitute, and are equivalent to my personal signature

_____ /_____/_____
Signature, Principal *Date*

_____ /_____/_____
School Name *School #*

SUBMIT COMPLETED FORM TO:
School and Financial Operations Team via email to: SFOT@mcpsmd.org

PART IV—TO BE COMPLETED BY SCHOOL AND FINANCIAL OPERATIONS TEAM

A copy of this form should be retained for your records.

- Returned**—Incomplete form _____ /_____/_____
Signature, Supervisor/Designee *Date*
- Reviewed**—Approval contingent upon ERSC verification of employee eligibility for stipends.
_____ /_____/_____
Signature, Supervisor/Designee *Date*