



Extracurricular Activity (ECA) Stipend Agreement and Assignment

Office of School Support and Improvement
Rockville, Maryland 20850
MONTGOMERY COUNTY PUBLIC SCHOOLS

MCPS Form 430-59
June 2016
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INSTRUCTIONS: This form is to be initiated by the principal for stipend extracurricular activities. **Complete a separate form for each activity stipend authorized.**

Refer to the current extracurricular activity booklet for activity codes and descriptions, approval procedures and payment of stipends. ECA stipend pay rates are published in the current ERSC Salary Schedule and in the negotiated agreement with MCEA.

PART I: AUTHORIZATION/ASSIGNMENT

School Name _____

Principal's Name _____

Coach/Sponsor Name _____

Employee ID# _____

Assignment/Activity Name _____

ECA Activity Code _____

Assignment Start Date ____/____/____

Assignment Ending Date ____/____/____

ECA STIPEND TYPE

Check/complete all that apply below:

ECA Class I: Number of hours authorized _____

ECA Class II: Number of hours authorized _____

ECA Class III: Stipend Amount \$ _____

Type of ECA Class III Stipend

Non-athletic

Athletic

PART II: ACCEPTANCE AND AGREEMENT

In accordance with the Montgomery County Public Schools MCEA negotiated agreement, your compensation for this activity will be \$_____, payable upon completion of the responsibilities of the activity. Your compensation for the activity may be forfeited if this agreement is terminated by the principal or if you withdraw from the activity prior to the completion of your responsibilities. Should conditions change that result in a modification to this assignment, a conference will be scheduled or written notification will be provided. This designation is limited solely and only to the dates specified in Part I above, it being expressly understood and agreed that this designation and acceptance expires at the end of the designated school year and the BOARD OF EDUCATION OF MONTGOMERY COUNTY shall under no circumstances be lawfully bound to designate additional duties of any type for an ensuing school year and the SPONSOR/COACH shall under no circumstances be lawfully bound to accept additional duties of any type for an ensuing school year.

Your acceptance of this Agreement means you are assuming the responsibilities and obligations of this position and are knowledgeable about and abide by the policies, procedures, and regulations of the Board of Education of Montgomery County and the local school. This responsibility is not in any way related to or contingent upon any other job or responsibility you may have with the Board of Education of Montgomery County.

Signature, Principal or Principal's Designee _____ Date ____/____/____

Coach/Sponsor: Sign/date and print your name below to indicate that you have read and understand this agreement.

Signature, Coach/Sponsor _____ Date ____/____/____

Coach/Sponsor (Print Name) _____

PART III: COMPLETION OF ACTIVITY

We confirm that services were performed as agreed above and have been completed within the prescribed time period.

Signature, Principal or Principal's Designee _____ Date ____/____/____

Signature, Coach/Sponsor _____ Date ____/____/____

PART IV: EVALUATION OF NON-ATHLETIC STIPEND ACTIVITY SPONSOR AT COMPLETION OF ACTIVITY
Athletic coaches are to be evaluated using MCPS Form 565-13, Coach Evaluation Form.

TO BE COMPLETED BY PRINCIPAL OR PRINCIPAL'S DESIGNEE

This activity sponsor's work in connection with the activity indicated has been:

Satisfactory Needs Improvement Unsatisfactory

Comments:

Signature, Principal or Principal's Designee _____ Date ____/____/____

TO BE COMPLETED BY ACTIVITY SPONSOR

Comments:

My signing this evaluation does not necessarily indicate that I agree with the content.

Signature, Activity Sponsor _____ Date ____/____/____