

# Human Resources Department

## CLASSROOM COVERAGE/PARAPROFESSIONAL HEALTHCARE STIPEND REQUEST FORM

### SECTION 1 – TO BE COMPLETED BY THE EMPLOYEE

Employee Name: \_\_\_\_\_ Classification \_\_\_\_\_

Site/Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### I am requesting the stipend for:

- Classroom Coverage Supervision** (\$20.00/for each instructional period of coverage for middle schools and one (1) hour per elementary schools)

Dates: \_\_\_\_\_

*"In the event a teacher or substitute teacher is not present, a Paraprofessional II assigned to the class shall receive a daily stipend of fifteen (15) dollars for each instructional period of coverage for middle schools and one (1) hour per elementary schools. (12.3A)*

- Healthcare** (\$75.00/month for Paraprofessional II, \$55.00/month for TK Paraprofessional)

*"Unit members who are designated as a Paraprofessional II performing specialized healthcare duties including but not limited to toileting, diapering, feeding tubes and any other healthcare duties as determined by the students IEP and approved by the Assistant Superintendent of Human Resources, shall receive a \$75 monthly stipend. TK-Paraprofessional performing diapering duties shall receive a \$55 monthly stipend. The stipend shall be prorated for employees working less than six (6) hours." (CSEA Article 12.3B)*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2 – TO BE COMPLETED BY SITE ADMINISTRATOR

- I **agree** with the employee's request.  
 I **disagree** with the employee's request for the following reason(s):

Site Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3 – HEALTHCARE STIPEND ONLY

Health care duties for the above employee have been determined by the IEP of the student(s).

Special Education Dept.: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 4 – ASSISTANT SUPERINTENDENT, HUMAN RESOURCES

- APPROVED  DENIED

Assistant Superintendent of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_