

Mountain Empire Unified School District

MEDICAL STIPEND APPLICATION

CLASSIFIED EMPLOYEES

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Current Position: \_\_\_\_\_ Location: \_\_\_\_\_

In accordance with Article 7.18.1 of the CSEA Chapter #441 "The District agrees to pay a "Medical Support" stipend for Special Education Classroom Assistant (SECA) classified employees who have received training and actively providing, or on-call to provide, medical support to a student under a medical provider's orders (e.g., doctor, physician's assistant, nurse practitioner) orders. The duties to be eligible for the stipend include but are not limited to: tube feeding, oral and tracheal suctioning, catheterization and changing colostomy bags, and administration of emergency seizure medication. The stipend will be five percent (5%). The stipend for SECA's who are actively providing these medical supports shall be ten percent (10%). (See Article 7.18.1 for definition of "actively providing")

**In the box provided, please explain your reason for this request and how your abilities will be used:**

**I hereby apply for the  5% or  10% medical stipend: \_\_\_\_\_ initial**

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

**Principal/Supervisor Justification:**

**I recommend this employee receive the medical stipend  Yes  No**

Signature of Principal/Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

This stipend will be paid on a monthly basis for each month in which the employee provides or is on-call to provide these services.

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FOR DISTRICT OFFICE USE

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_