**Integrated CHSD/NHPD/DEOH Supervision Workplan & Stipend Request Form (v.1)**

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| --- | --- | --- | --- |
| CHT Staff Name: | | Position: | |
| County: | Request Date: | | Supervision Month: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Dates of supervision | Total days in field | Facilities to be supervised | Communities to be supervised | Estimate of kilometers to travel |
| Week 1 |  |  |  |  |  |
| Week 2 |  |  |  |  |  |
| Week 3 |  |  |  |  |  |
| Week 4 |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Supervision stipend per day: **$10 (within district) / $25 (in county, overnight)** | | | |
| Total number of days to spend on supervision: |  | Total kilometers to travel: |  |
| Total supervision stipend requested: |  | Total gallons of fuel requested: |  |

**CHT Summary of Key Findings and Action Points from Last Supervision (v.1)**

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| --- | --- | --- |
| Key Findings Identified During Last Supervision | Action Taken | Status:  In Progress/ Completed |
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*CHDD Approval | CHDD Use Only*

|  |  |  |  |
| --- | --- | --- | --- |
| CHDD Reviewed by: |  | Signature: |  |
| Comments: | | |  |

*CHSD Approval | CHSD Use Only*

|  |  |  |  |
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| CHSD Reviewed by: |  | Signature: |  |
| Comments: | | |  |