

Sub-Finder Job Number _____

Certificated Staff Request for Compensation for Loss of Planning Time or Request for Compensation for Covering a Class (2011-2012)

(PLEASE USE ONE FORM PER DATE OCCURENCE)

Employee Name _____

Employee ID Number _____

Position _____

Location _____

A. Compensation of \$30.00 for lost planning time on _____ (date), when I was required to work with students for _____ minutes, resulting in a loss of my contractually guaranteed planning time.

Periods Covered: 1 2 3 4 5 6 7

I "covered" for _____, reason _____
Full name of staff member

With my signature below, I certify that I made up my planning time after work hours.

B. Simultaneously covering on (date) _____, my class and another, resulting in a class size exceeding the negotiated lid for the following amount of time:

more than 15 minutes, but less than one hour (\$30.00)
 one to three hours (\$65.00)
 more than three hours (\$130.00)

Periods covered: 1 2 3 4 5 6 7

I "covered" for _____, reason _____
Full name of staff member

C. Compensation of \$60.00 for no Para available or assigned on the 2nd consecutive day. The days without a Para were _____ and _____. The absent Para was _____.

D. Special Accounting

Company	AU - Accounting Unit	Account	Activity	AcCat

--Be sure all appropriate signatures appear below before submitting this form to the Payroll Office--

Employee's Signature

Date

Principal's Signature

Date

FOR PAYROLL USE ONLY

_____ A = LPLN (231)	<input type="checkbox"/>	\$30.00			
_____ B = CLCC (228)	<input type="checkbox"/>	\$30.00	<input type="checkbox"/>	\$65.00	<input type="checkbox"/>
_____ C = CCST (275)	<input type="checkbox"/>	\$60.00			

PLEASE ALSO NOTE

1. Requests received in the Payroll Office by the end of each school pay period will normally be processed for pay on the following pay period.
2. Pay will be included on the warrant under Earnings Code LPLN, CLCV & CCST.

**PLEASE SUBMIT THIS FORM TO THE PAYROLL OFFICE WITHIN 2 WEEKS.
RETAIN A COPY FOR YOUR RECORDS.**