

Workload Plan of Action 2010-11~ Elementary

Current Month That Exceeds Trigger: _____

Building: _____

Grade: _____

Teacher (**Print** First & Last Name): _____

To Qualify and to Process Form:

Overload condition exceeds 5 school days in a qualifying month.

ONE overload Workload Plan of Action per month per teacher is allowed.

Submit completed form to the Business Office by the 10th of the month following the overload condition.

Evidence of overload ~ attached a class roster for each day (5 total) of overload condition.

Select
One

☐ **Check :** ☐ 26+ in kindergarten ☐ 27+ in grades 1 to 4 ☐ 30+ in grades 5 to 6

☐ **For** RTI, ramp up math, mainstreamed special education and other core programs
Specify Program: _____

☐ 1st hr (minimum of 35 minutes)

☐ 2nd hr (minimum of 1 hour, 21 minutes)

☐ 3rd hr (minimum of 2 hours, 21 minutes)

Select
One

☐ **Substitute Request:** One day per month to provide for planning.

☐ 1st hr (40%)

☐ 2nd hr (70%)

☐ 3rd hr (100%)

Specify Date for Substitute**: _____ *[attach substitute request form]*

**** Date must be used no later than the end of the following month of the class size overload condition.**

Account Code: 0106 - 27 - 2980 - ____ - 090

☐ **Pay Request:** ☐ 1st hr (\$50) ☐ 2nd hr (\$75) ☐ 3rd hr (\$130)

Account Code: 0106 - 27 - 2200 - ____ - 090

☐ **Other Plan of Action:** Attached Narrative. If applicable, include the account code in narrative.

The employee and principal have conferred and developed a plan of action.

Principal Signature (**Original Signature required**)

Date

Employee Signature (**Original Signature required**)

Date

Return completed original form to Linda Lefebvre at the ESC to process.

For Business Office Use Only

Director of Budget Approval _____ Date _____

Original to payroll

1- Business Office

1- Assistant Superintendent