

# Workload Plan of Action 2013-14~ Elementary

Current Month That Exceeds Trigger: \_\_\_\_\_

Building: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher (**Print** First & Last Name): \_\_\_\_\_

## **To Qualify and to Process Form ~ BEA Article 44, Section 1:**

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 10<sup>th</sup> of the month following the overload condition.

Evidence of overload ~ attached an official class roster for the overload condition.

**Indicate** in which grade the overload condition occurred.

☐ **Exceeds** 25 Kindergarten ☐ **Exceeds** 26 grades 1 to 4 ☐ **Exceeds** 29 grade 5

**AND Select ONE of the four options below**

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

Specify Date for Substitute\*\*: \_\_\_\_\_

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

**Account Code:** 0106 - 27 - 2980 - \_\_\_\_ - 090

☐ **Pay Request:** **Account Code:** 0106 - 27 - 2200 - \_\_\_\_ - 090

☐ **Other Plan of Action:** Attached Narrative. If applicable, include the account code in narrative.  
(**Para time must be the equivalent to one day of substitute pay**)  
**Attached a copy of Para's time sheet.**

**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.**