BETHEL
PUBLIC SCHOOLS

WPA- _____

Workload Plan of Action 2010-11 ~ Secondary
Current Month That Exceeds Trigger: _____

Building: _____   Grade: _____

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

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 the overload condition.

Select One

☐ 34 students in core subjects (language arts, social studies, science, math, world languages)
Specify Program(s): _____

☐ 46 students in physical education classes

Select One

☐ **_Substitute Request:_** One day per month to provide for planning.
   ☐ 1 Period (40%)   ☐ 2 Periods (70%)   ☐ 3+ Periods (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:_**   ☐ 1 Period ($50)   ☐ 2 Periods ($75)   ☐ 3+ Periods ($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