

Workload Plan of Action 2013-14 ~ Secondary

Current Month That Exceeds Trigger: _____

Building: _____

Grade: _____

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

To Qualify and to Process Form ~ BEA Article 44, Section 2:

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 an official class roster for the overload condition.

Indicate in which subject the overload condition occurred.

☐ **Exceeds** 33 students in core subjects (language arts, social studies, math, world languages, and science)

Specify Program(s): _____

☐ **Exceeds** 45 students in physical education classes.

AND Select ONE of the three options below

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

☐ 1 Hour

☐ 2 Hours

☐ 3+ Hours

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

**** 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:**

☐ 1 Period

☐ 2 Periods

☐ 3+ Periods

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.