

Compensation for Lost Planning Time 2023-2024

Article III, paragraph 7: Compensation for Lost Planning Time: A teacher covered by this agreement shall not be required to cover a class for another teacher during his or her personal planning time when a substitute is authorized and available. In an emergency situation a teacher having personal planning time may be required by his or her principal or designee to cover a class. The teacher losing the personal planning time shall be paid for each clock hour (or porting thereof, rounded to the nearest one-fourth hour) at the rate of **\$28** per hour. If no teacher with planning time is available students may be reassigned to other teacher's classes, such reassignment shall be divided equally among all teachers in the building over the course of the year.

Extra pay will be provided to a teacher covering a class if all the following conditions have been met:

1. A substitute is authorized and the teacher has been reported absent in Absence Management (Frontline).
Counter example: A teacher is allowed to arrive late or leave early as long as the teacher can find a volunteer to cover his or her class (the teacher is not counted absent, and a sub is not authorized; therefore, covering class not paid).
2. An attempt was made to find a substitute and none was available.
3. Teachers on supervisory assignment or team plan time are unavailable to cover the class. (extra pay is not allowed in these situations)
4. A teacher covers the class during his or her personal plan time.

Note: Recovering lost plan time is no longer an option. Students may be reassigned to other teachers' classes if no other option is available (no additional pay for that teacher). Principals are to distribute the covering of classes equitably among all teachers over the course of the year.

2023-2024 **Full hourly rate = \$28.00 1/2 hour rate = \$14.00**
3/4 hour rate = \$21.00

Date of Employee Absence: _____

Name/ID of Absent Teacher: _____ **Employee ID Number** _____

Reason for the absence: (circle one)	Illness/Family Illness	B&E	Family Death	Professional Activities
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Teacher Covering & Requesting Payment *	Employee ID	Start Time	End Time	Hours rounded to the nearest quarter	Amount (\$)	Office Use

***ONLY USE ADDITIONAL FORMS FOR EACH COVERING TEACHER IF MORE SPACE IS NEEDED**

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Principal's Signature (required) Budget Code Date

Submit pay request to HR by the 25th of the month for pay on the 10th.

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Personnel Office Signature Date