APPENDIX Z.

LAKE CHELAN SCHOOL DISTRICT 129

CERTIFICATED LOSS OF PLAN TIME FORM

An employee shall not be asked to assume responsibility of another employee's class except in the case of unforeseen emergency or when, because of time limitations, arrangements for a regular substitute cannot be made. Assignments for coverage of another employee's class shall be paid at $35 per regular class period and $45 per block period.

NOTE: Plan time coverage must be approved first by the building principal. Please complete and return this form to the building secretary.

<table>
<thead>
<tr>
<th>Employee requesting coverage</th>
<th>Date of coverage</th>
<th>Time of coverage</th>
<th>Reason for request</th>
<th>Employee signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employee substituting during prep time</th>
<th>Building principal signature</th>
</tr>
</thead>
</table>

SUPPLEMENTAL CONTRACT

_________________________________________________ AGREES TO PERFORM THE FOLLOWING SERVICES AND LAKE CHELAN SCHOOL DISTRICT AGREE TO PAY THE FOLLOWING AMOUNT:

$35 PER REGULAR CLASS PERIOD OR $45 PER BLOCK PERIOD FOR A TOTAL OF $35 OR $45 DURING THE MONTH OF _________________ FOR PERFORMING CLASS COVERAGE DURING PLANNING TIME. THE AFORESAID AMOUNT WILL BE PAID IN 1 MONTHLY PAYMENT BEGINNING _________________.

THIS CONTRACT RELATING TO INTERSCHOLASTIC, EXTRACURRICULAR OR OTHER SPECIAL SERVICES IS NOT COVERED BY RCW 27.67.070 AND MAY BE CANCELED BY THE SCHOOL DISTRICT WITH WRITTEN NOTICE TO THE EMPLOYEE.

SUBSTITUTE EMPLOYEE SIGNATURE: ______________________________ DATE: ______________

SUPERINTENDENT SIGNATURE: ______________________________ DATE: ______________