

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.

Employee requesting coverage _____
Date of coverage _____ Time of coverage _____
Reason for request _____
Employee signature _____

Employee substituting during prep time _____
Building principal signature _____

SUPPLEMENTAL CONTRACT

_____ AGREES TO PERFORM THE FOLLOWING SERVICES AND LAKE
(substitute employee)
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: _____