

Oklahoma City Public Schools

Certified Class Coverage and Loss of Plan Time Claim Sheet

Last Name: _____ First Name: _____

School Name: _____ ID #: _____

Certified Teachers Collective Bargaining Agreement for Class Coverage Per the CBA Article XV section 5:

- A. All teachers who are required during their planning period to cover a class for a teacher or adjunct instructor shall be compensated at a rate of \$10.25 for an elementary period, \$17.50 for a middle school period, \$17.50 for a high school seven-period day, and \$26.25 for a high school block period.
- B. All teachers shall be compensated at a rate of \$3.00 per student per day for students assigned to their classroom all day because of an absence of a teacher or adjunct instructor.
 - 1. For less than a full day, teachers compensated according to the rate above shall receive a pro-rated amount for the time students were assigned to their classrooms.
 - 2. Secondary teachers on a four-block schedule shall be compensated at a rate of \$1.00 per student per class period for students assigned to their classroom because of an absence of a teacher or adjunct instructor.
 - 3. Secondary teachers on a regular block schedule shall be compensated at a rate of \$.60 per student per class period for students assigned to their classroom because of an absence of a teacher or adjunct instructor.
- C. All class coverage and loss of plan time pay is to be submitted within thirty (30) calendar days of the time of coverage.

Form Instructions for Teachers:

1. Save this form to a folder on your computer with your name and the pay period date or weekending date (example: Thompson, Tina 08.01.17 to 08.15.17) or (example: Thompson, Tina 08.01.17).
2. Once the form is saved please use the computer to type/input all required fields marked with * at the top of the form.
3. Fill in the information requested in the table below. Please use the full name of the absent teacher.
4. Include the total number of students per class and duration for the class period
5. Next you will convert the time to Military time (if you had 15 students for 30 minutes, it will reflect as .50 see chart below for additional assistance).
6. Use section B from above to complete the column listed as SAP Val. Basis code for timekeepers. You will take number of students and multiple it times the student rate (15*\$.60 cent= 9.00) the 9.00 will go into the SAP Val. Basis code for timekeeper's column.
Note: the student rate for 4.99 hours or less is .60 cents for 5 or more hours is 3.00.
7. Email the saved form (pdf) to your school's timekeeper to review.

Note: Emailing the form will provide both you and the timekeeper the specific dates of submission. The form must be filled out completely or the form will be sent back for resubmission which will delay payment. Early submission is encouraged to avoid payment delays.

Class Coverage:

Absent Teacher	Date	*Students Count	Coverage Time Duration in Military Time	*Student Rate	SAP Val. Basis Code for Timekeepers
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTE: All time must be entered in military time: EX: If you work 5 hours & 30 mins = 5.50, work 45 mins = .75, work 2 hours = 2, etc.
Military Time: 5 mins = .08, 10 mins = .17, 15 mins = .25, 20 mins = .33, 25 mins = .42, 30 mins = .50, 35 mins = .58, 40 mins = .67, 45 mins = .75, 50 mins = .83, 55 mins = .92, 60 mins = 1.00

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Loss of Plan Time:

Absent Teacher	Date	HS Block Y for Yes	Loss of Plan Rate
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____
_____	_____	___	_____

ACKNOWLEDGMENT: By submitting this form, you acknowledge that the above information is accurate and is in accordance with the certified negotiated agreement.

TIMEKEEPERS ONLY

Form Instructions for Timekeepers:

1. Once you have received the form from the teacher check the information in the table above. You will make sure the teacher is absent, class coverage did occur the dates listed, and review the length of time and student headcount. If the form is incomplete, please send back to teacher to complete.
2. Check one of the status boxes below, approved or denied box that applies to the class coverage dates listed.
3. Next enter the information from the form into SAP for the Principal to review and approve before each pay period.
4. Please make sure you are entering the information from the forms in accordance with the payroll cut off schedules.

Approved. The above dates and absences are correct. _____ Date form was received

Denied. If there is a discrepancy; The dates are not correct or you are not entitled to substitute pay. For example, the dates do not coincide with a teacher's absence, number of students don't match attendance records, etc. Please list the dates and detailed information on the reason for the denial and send back to the teacher to correct and return the claims form.

_____ Date(s) of discrepancy. Why _____?

_____ Date(s) of discrepancy. Why _____?

_____ Date being returned to Certified Teacher for corrections

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Military Time: 5 mins = .08, 10 mins = .17, 15 mins = .25, 20 mins = .33, 25 mins = .42, 30 mins = .50, 35 mins = .58, 40 mins = .67, 45 mins = .75, 50 mins = .83, 55 mins = .92, 60 mins = 1.00