

Oklahoma City Public Schools

Certified Class Coverage and Loss of Plan Time Claim Sheet

Last Name: _____ First Name: _____

School Name: _____ ID #: _____

Certified Collective Bargaining Agreement on Class Coverage:

- 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.
 - a. 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.
 - b. 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.
 - c. 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.

Instructions: Please complete this form as a writable pdf and save to a folder on your computer with your name and the pay period or date of coverage (i.e. **Doe, Jane 7.16.17 to 7.30.17 class coverage** or **Doe, Jane 7.22.17 class coverage**) in the subject line of the email. Email the pdf to your school's timekeeper to review and enter into SAP. The principal will review and approve before each pay period. Emailing the form will provide both you and the timekeeper the specific dates of submission. Note: The submission date as well as the payroll cutoff date and/or principal approvals will determine when the payment is made. Form must be filled out completely or the form will be sent back for resubmission which will delay payment.

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

Class Coverage: Absent Teacher	Date	# of Students	Length of Coverage (Military Time)	Total
_____	_____	_____	_____	____.____
_____	_____	_____	_____	____.____
_____	_____	_____	_____	____.____
_____	_____	_____	_____	____.____
_____	_____	_____	_____	____.____
_____	_____	_____	_____	____.____
_____	_____	_____	_____	____.____
Total				____.____

Oklahoma City Public Schools

Certified Class Coverage and Loss of Plan Time Claim Sheet

Loss of Plan Time: Absent Teacher	Date	HS Block Class Y for yes	Length of Coverage (Military Time)	Total
_____	_____	___	_____	___.__
_____	_____	___	_____	___.__
_____	_____	___	_____	___.__
_____	_____	___	_____	___.__
_____	_____	___	_____	___.__
_____	_____	___	_____	___.__
_____	_____	___	_____	___.__
_____	_____	___	_____	___.__
_____	_____	___	_____	___.__
Total				___.__

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

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

To be completed by timekeeper:

Instructions: Timekeeper, mark either yes or no on the form. If yes, check the yes box and list date the claim was entered into SAP, save the pdf in a folder on your computer and send a copy to the teacher. If there is a discrepancy, click the no box, list the date in question and the reason why. Save the pdf and send back to the teacher to correct and return the claims form.

_____ **Yes.** The above dates and absences are correct.

_____ Date entered in SAP for Principal Approval

_____ **No.** The dates are not correct. For example, the dates do not coincide with a teacher's absence, number of students don't match attendance records, etc.

_____ Date(s) of discrepancy. Why _____

_____ Date(s) of discrepancy. Why _____

_____ Date being returned to Certified Teacher for corrections