

**Lincoln County Board of Education
Supplemental Pay for Planning Period Activities**

Name:	Employee ID #
Pay Period Begin:	Pay Period End:
Location:	Assignment:

Date	Start Time	Stop Time	Total Minutes	Teachers Classroom Covered

Daily Rate _____ divided by 8 = rate per hour _____

* rate per hour X .92 (55 min) = rate per class _____ x _____ = _____

* rate per hour X .80 (48 min) = rate per class _____ x _____ = _____

* rate per hour X .75 (45 min) = rate per class _____ x _____ = _____

* rate per hour X .73 (44 min) = rate per class _____ x _____ = _____

* rate per hour X .70 (42 min) = rate per class _____ x _____ = _____

* rate per hour X .67 (40 min) = rate per class _____ x _____ = _____

Employee's Signature	Date
<i>I hereby certify that the above record is a true and accurate summary of my work.</i>	
Principal's Signature	Date

Form must be completed filled out or it will be returned
You can only be paid for your planning period time

Acct code 11..11111.114._____