Lincoln County Board of Education
Supplemental Pay for Planning Period Activities
Lincoln County High School Only

Name:	Employee ID # 94300
Pay Period Begin:	Pay Period End:
Location: LCHS	Assignment: Teacher

Date	Start Time	Stop Time	Total Minutes	Teachers Classroom Covered

Daily Rate _____divided by 8 = rate per hour_____
*** rate per hour X .53 (32 min) = rate per class_____x_____=_____**
*** rate per hour X .65 (39 min) = rate per class_____x_____=_____**
*** rate per hour X .82 (49 min) = rate per class_____x _____ =_____**

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

Form must be completely filled out or it will be returned.

You can only be paid for your planning period time.

CODE 11..11111.114.506

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