

Class Coverage, Planning & Development, Administrative SPED Periods Forms

The enclosed forms; Class Coverage, Planning & Development and Administrative Sped Periods are paid out twice a year; in January and June. These forms should be submitted in January and June (prior to the end of school and **no later than June 30th**).

Class Coverage

Class coverage is used to compensate **Paraprofessional and Teachers** who are needed to cover a class for another teacher during the course of the school day. The class coverage form is not intended for missed P & D's (there is a separate form for that purpose). **Substitutes do not receive Class Coverage**; they should be compensated through a stipend.

Planning & Development and Administrative Sped Periods

The forms for Planning & Development and Administrative Sped Periods are used to compensate those teachers who miss their P&D period(s) and administrative period(s) for Sped. **These forms are to be used for teachers only; Substitute teachers do not receive compensation for missed P&D periods or Administrative Sped Periods.** Substitutes should be compensated through a stipend.

Listed below are guidelines for completing the class coverage form.

1. **The form must be signed by the Principal/Headmaster.**
2. Ensure you are using the correct class coverage form for school year 2015-2016.
3. Verify the accuracy of the employee name and employee id number.
4. Class coverage is paid by the number of *periods* the Paraprofessional or Teacher is covering; not by the day or hour.
5. When completing the form enter **the total number of periods for each employee as one line item.** Do not enter the same employee multiple times on one sheet.
6. Be sure to enter the total dollar amount for each employee.
7. Any/all forms not filled out properly will be returned to you if not filled out according to these instructions.
8. Please contact your Payroll Unit Lead with any questions.

Completed forms may be faxed to Payroll at 617-635-9003.

Form CCV

**CLASS COVERAGE
2015-2016**

Fax to: Boston Public Schools, Payroll Department, 617-635-9003

School: _____ R.C. #: _____ Tel. #: _____

Check Box: 9/1 – 10/31 \$27.48 Para \$6.00

11/1 – 6/30 \$28.30 Para \$6.00

Signature of Principal/Headmaster: _____

NAME/TITLE (Teacher or Para)	EMPLOY. STATUS *	EMPOYEE I.D.	EMPLOY. RECORD NUMBER	NO. OF PERIODS	RATE	TOTAL AMOUNT

***A = Active
L = Leave of Absence T = Terminated
Revised 11/03/15**