

**CERTIFIED TEACHER PAY FOR MULTI-CLASS LUNCHROOM SUPERVISION**

Name: \_\_\_\_\_ School: \_\_\_\_\_

Grades Supv: \_\_\_\_\_ (Must supervise more than one class for \$6.00 reimbursement)

\$6.00 per day \_\_\_\_\_

Month - Circle One:    Aug.    Sept.    Oct.    Nov.    Dec.    Jan.    Feb.    Mar.    Apr.    May

	Supervised	Did Not Supervise	Absent
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
Totals			

Office Use Only

# of days supervised \_\_\_\_\_

x 6.00 \_\_\_\_\_

Total Due \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

**This form must be turned in to your school office MONTHLY. Payment will be made in November and June as per the negotiated agreement.**