

CERTIFIED TEACHER PAY FOR SINGLE CLASS LUNCHROOM SUPERVISION

Name: _____ School: _____

Grade Supervised: _____

\$3.20 per day _____

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

	Ate Free Lunch	Did NOT Eat Lunch	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 3.20 _____

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.