

# TIME-SHEET FOR SUPPLEMENTAL COMPENSATION

PURSUANT TO –  
LEA – UNIT C ARTICLE 5.E  
LEA – UNIT D MEMORANDUM OF AGREEMENT  
(Classroom Coverage Exceeding 45 Minutes)

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

	A	B	C	D	E
DATE	COVERAGE FOR	TIME COVERAGE BEGAN	TIME COVERAGE ENDED	TOTAL MINUTES OF COVERAGE	MINUTES REPORTED IN COLUMN D MINUS 45

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_