

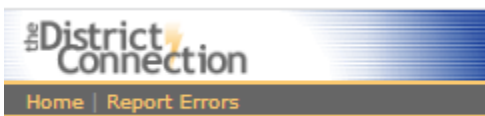
AEA Classroom Coverage Compensation Form Instructions

This form is for AEA members to receive additional compensation for cover of another class during regular instruction time or during their planning time. This form cannot be used to compensate members who missed their lunch period or planning time for any reason other than classroom coverage.

1. Employee ID (Must provide the full employee ID #, not the SSN)
2. Last Name
3. First Name
4. Position
5. School/Department
6. 6 Digit GL Key (one GL Key per form)
7. Date of Coverage
8. Name of teacher whom coverage was provided for or the class that was covered.
9. Number of hours
10. Rate (Refer to top of classroom coverage form)
11. Payment amount (for each line)
12. Total payment amount for the form

REQUIRED Employee ID	Last Name	First Name	MI	
Position	School/Department	GL Key (REQUIRED)	Default Obj Code	
			1370	
Date of Coverage	Teacher/Class whom coverage was provided (REQUIRED)	Hours	Rate	Payment Amount
08/17/23	Gym	0.5	40	20
Total Payment Amount				20

Employees can locate their Employee ID number on District Connection under Other Resources.



Other resources

[Historical Addenda Information \(prior to April of 2019\)](#)

Check the status of an addenda

[Approved Technology List](#)

Includes the Approved Technology list, software purchasing guidelines & technology purchasing guidelines for charter schools

[ASD Shopping Cart](#)

View list of items available from other departments

[Business Cards](#)

Submit a request for new business cards

[Calendar](#)

Academic calendars plus links to testing calendar, graduation dates, special days and more

[Computer Inventory](#)

View a list of computers in your location

[Payroll Check Stubs & Advices](#)

View and/or print direct deposit advices

[Ed Center room reservation calendar](#)

Reserve rooms at the Ed Center. Contact Community Services at 742-4141 for assistance

[Employee ID Information](#)

Check your employee ID information



Anchorage School District

AEA Classroom Coverage Compensation

Article 470 of the ASD/AEA contract describes compensation for classroom coverage. The employee completes this form when they have provided classroom coverage for a teacher absence at the request of the principal or designee. The employee has 10 working days from the end of the week the coverage(s) occurred to provide the form to their administrator for signature. The employee must submit the original signed form to the Payroll Department within 15 working days to receive payment.

- When for a full class, compensation shall be paid at the rate of \$40 per hour.
- When coverage is for a split class, compensation shall be paid at the following rates:
 - Two members, \$30 per hour for each member;
 - Three members, \$20 per hour for each member;
 - More than three members, \$15 per hour for each member

Please note: This form cannot be used to reimburse for coverage during a lunch period or for missed planning time for meetings. Payment for coverage during a lunch period or for meetings, when such coverage is directed by a principal, should be entered in the addenda system.

REQUIRED Employee ID	Last Name	First Name	MI	
Position	School/Department	GL Key (REQUIRED)	Default Obj Code	
			1370	
Date of Coverage	Teacher/Class whom coverage was provided (REQUIRED)	Hours	Rate	Payment Amount
Total Payment Amount				

Employee Signature

Date

Administrator Signature

Date

Forms without employee ID, employee, and administrator signatures will be returned for correction.

Submit the completed original form to the Payroll Department.