

SECTION 12.8 – LINC - NOON HOUR SUPERVISION

Name: _____ Date: _____

School: _____ School year: _____

Requested hours of supervision (*Please note that staff requesting supervision hours may be reduced to honour the school supervision plan*):

Hours of supervision	Earned days off	Hours of supervision	Earned days off
<input type="checkbox"/> 0 hours	0	<input type="checkbox"/> 52.5 hours	3.5
<input type="checkbox"/> 7.5 hours	.5	<input type="checkbox"/> 60 hours	4
<input type="checkbox"/> 15 hours	1	<input type="checkbox"/> 67.5 hours	4.5
<input type="checkbox"/> 22.5 hours <small>(15 minutes every 2nd day)</small>	1.5	<input type="checkbox"/> 75 hours	5
<input type="checkbox"/> 30 hours	2	<input type="checkbox"/> 82.5 hours	5.5
<input type="checkbox"/> 37.5 hours	2.5	<input type="checkbox"/> 90 hours <small>(30 minutes every day)</small>	6
<input type="checkbox"/> 45 hours <small>(15 minutes every day)</small>	3	<input type="checkbox"/> Other	_____

Your signature on this form is a commitment to complete the indicated supervision for this school year.

Claimant's signature