

**Unit I Members Covering Other Teachers Classes**  
**Request for Reduction in Schedule or Workload**

**Article 15B**

*Substitutes shall normally be provided for all teachers absent from their regular teaching assignment including art, music, media specialists and physical education. Only after reasonable but unsuccessful efforts to obtain substitutes shall the principal assign teachers to other teachers' classes during their non-teaching periods.*

*Except in an emergency which occurs during the school day, no teacher shall be required to take a class for another teacher unless the teacher requested to take the class is given a reduced schedule or work load within the next five (5) work days. Substitutes shall be provided for teachers involved in field trips, athletic events or professional meetings approved by the appropriate administrator, provided the event is scheduled for a half day or more and funds are appropriated for this purpose.*

**Article 14A**

*When an uncovered vacancy causes a class of students to be divided among other teachers for the entire school day, the receiving teachers will each receive one (1) hour of compensatory in which the incidence occurs. Utilization of that leave will be arranged between the teachers and principal or supervisor.*

Teachers are being asked to cover other absent teachers' classes in non-emergency situations at an alarming rate. Please use the form below for presentation to your administrator requesting a reduction in workload and/or schedule to restore the time spent covering other classes. Per **Article 15B**, these reductions are required. If the reduction is denied by the administrator, please contact your TAAAC UniServ Director to initiate the appropriate action.

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**REQUEST for REDUCED SCHEDULE or WORK LOAD**

(To be completed by Unit I member providing substitute coverage.)

**TEACHER COVERING** \_\_\_\_\_

**TEACHER ABSENT** \_\_\_\_\_

**DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_ **ROOM** \_\_\_\_\_

**Reduction in Schedule/Workload Requested** \_\_\_\_\_

**Signature of Teacher** \_\_\_\_\_ **Date** \_\_\_\_\_

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(To be completed by administrator providing reduced schedule or work load.)

**Approved**                       **Disapproved**

If approved, reduction provided, or if disapproved, reason therefore:

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Administrator** \_\_\_\_\_ **Date** \_\_\_\_\_

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