

In order to appropriately evaluate the RMTS Participant's response for lunch activity for Code 16, a review of school district employee contracts is required. Please verify with your classified and certificated employment contracts and indicate if lunch time is paid or unpaid. This information will assist LEC coding staff and reduce the number of Clarifying Questions asked of RMTS Participants.

Please sign, date and scan this memo to the Region 9 LEC SMAA mailbox at OCDESMAA@ocde.us. If you have any questions, please call our office at (714) 708-4982. Thank you for your assistance.

JOB CLASSIFICATION	LUNCH STATUS	
1) Classified staff lunches	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID
2) Certificated staff lunches	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID
3) Speech Therapists' lunches	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID
4) Psychologists' lunches	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID
5) Nurses' lunches	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID
6) Counselors' lunches	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID
7) Principals'/Directors' lunches	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID

List below any additional classified or certificated staff not represented above that are in your SMAA RMTS staff pool.

	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID
	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID
	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID
	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID
	<input type="checkbox"/> PAID	<input type="checkbox"/> UNPAID

My signature below certifies that to the best of my knowledge and belief, the above information is true and correct.

District Name: _____

Signature

Title

Date