2018 Support Planner: SLA & ‘pay as you use’ services

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| **Name of School / Academy / Federation / MAT** |  |

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| **Academic Year 2018 – 2109:** Please tick to indicate whether hours required fall within your Service Level Agreement (SLA) allocation, or whether you are purchasing as a ‘pay as you use’ service | **Within hours of SLA** | **‘Pay as you use’ (non SLA rate)** | **‘Pay as you use’ hours (SLA rate)** |
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| **Support Service Requested** | **Time** (½ day, full day, twilight) | **Requested half term for delivery**  | **Desired outcomes & any preferences for delivery** (specific dates, venue, staff involvement, etc.) | **Any Additional Cost****£** |
| Autumn 1 | Autumn 2 | Spring 1 | Spring 2 | Summer 1 | Summer 2 |
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| **School Authorised Signature:** |  |  | **DIOCESAN OFFICE USE ONLY** | **Total Days** |  | Diocesan signature:Date: |
| **Date:** |  |  | **Total cost if not covered by SLA** |  |

Copy to school’s e-file