



Skykomish School District 404

P.O. Box 325
Skykomish WA, 98288
360-677-2623

STAFF SUBSTITUTION / COVERAGE

As pertaining to Section 10 Article 1 & 7 of the current collective bargaining agreement between SKEA and Skykomish School District 404

<i>Date</i>	<i>Period</i>	<i>Type *</i>	<i>Coverage For - Name</i>	<i>Coverage For - Signature</i>	<i>Superintendent Approval</i>

*** TYPE**
PP (for coverage provided during your planning period)
NP (for coverage provided during a non-planning period)

Printed Name: _____

Signature: _____

Date: _____

*Please submit to the Business Manager for payment and/or redemption for personal leave, when complete.
Forms must be submitted to Business Manager no later than June 15th of each calendar year.*