



Substitute Unavailable - Classroom Coverage

Report of Extra Pay for Lost Planning time due to covering an absent teacher's classes

-Select or Enter-

School

Last Name, First Name (Absent Employee)

Date of Absence

-Select or Enter Reason-

Reason for Absence:

(i.e., Sick, Professional Development, Athletics etc.)

Confirmation #

Account Code(s)

Time From:	Time To:	Teacher Name Last, First (print name)	Signature	Hours	Per Diem Rate	Payroll Use Only T25X

To the best of my knowledge this information is correct:

Principal: _____

Date: _____

Budget Authorization: _____

(If absence reason requires Budget Authorization, please send to appropriate Department for approval)

Date: _____