

School:

## BRISTOL WARREN REGIONAL SCHOOL DISTRICT

235 HIGH STREET, 2<sup>nd</sup> FLOOR, BRISTOL RI 02809 <u>WWW, BWRSD.ORG</u> (401) 253-4000

## 1/7TH COVERAGE FORM

	Pay Period:			
Date:	Payment due to: (teacher name)	Class needing coverage: (teacher name)	Reason:	Amount of time covered:
Administrator:			Date:	
Superintendent:			Date:	

\*\*In order to avoid delays in payment this form needs to be filled out completely and submitted to payroll no later than the Monday of a payroll week.