

**MT. PLEASANT CENTRAL SCHOOL DISTRICT**  
**2024-25**

**TEACHER COVERAGE PAYROLL FORM**

All Timesheets and Extra Pay Forms must be submitted for administrator approval no later than two weeks following the date worked. Late submission will result in delay/denial of payment.

**TEACHER'S NAME:** \_\_\_\_\_

**PAY PERIOD ENDING:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**ALL INFORMATION MUST BE ENTERED FOR FORM TO BE PROCESSED**

<b>DATE</b>	<b>PERIOD</b>	<b>NAME OF TEACHER NEEDING COVERAGE</b>	<b>ASSIGNED (\$54.01)</b>	<b>UNASSIGNED (38.24)</b>

**Employee Signature:** \_\_\_\_\_ **DATE / /**

**APPROVED BY:** \_\_\_\_\_ **DATE / /**  
**Building Administrator**