



TEACHER COVERAGE FORM

New Philadelphia City Schools

A form must be completed each week this occurs in order for payment to be made. It is suggested that the teacher keep a copy of this form for his/her own records.

PRINT Teacher's name: _____ Building _____

Week of: _____

☐ Check the appropriate situation for which reimbursement applies:

☐ Doubled up (Responsibility for 5 or more additional students) on date _____

Total minutes that teacher doubled up: _____

☐ Less than 200 minutes of prep time received this week.

Indicate the total minutes of planning time **received** this week _____

Please check the reason for having less than 200 minutes of planning time.

☐ Substituted for (teacher) _____ on date _____

☐ No sub was available for an elem. special more than once this week

☐ Attended administrator assigned meeting on date _____ in lieu of planning time

_____ **TOTAL** number of minutes to be paid @ \$35 per 40 minutes = \$ _____

Teacher's Signature: _____ Date _____

_____ Approved _____ Not-Approved* - Reason _____

Principal's Signature: _____ Date _____

_____ Approved _____ Not-Approved* - Reason _____

Superintendent's Signature: _____ Date _____

*If not approved, provide reason and return copy of form to teacher.

Revised March 8, 2022