## Piper USD 203 Classified Staff Substitute Coverage Form

Payment for Classified Staff Substitute Coverage shall be at the rate of \$16.25 per hour. Classified Staff Substitute Coverage request forms should be submitted to the principal or designee as soon as applicable. Please do not hold these forms beyond the end of a pay period. Compensation for Classified Staff Substitute Coverage will be paid on the next available payroll after the form is submitted. Clearly describe the Substitute Coverage by listing the name of the Teacher's class being covered in activity description and the specific beginning and ending times. Please include the total hours for each day.

| Activity<br>Date             | Activity Description | Duty Performed | Begin<br>Time                     | End<br>Time | Total<br>Time  | Office<br>Use |                        |  |
|------------------------------|----------------------|----------------|-----------------------------------|-------------|----------------|---------------|------------------------|--|
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| Employee Name                |                      | Employee Si    | Employee Signature                |             | Date Submitted |               |                        |  |
| Approving Administrator Name |                      | Approving A    | Approving Administrator Signature |             |                | Date Approved |                        |  |
| Pavroll Reviewer Name        |                      | Pavroll Revie  | Pavroll Reviewer Signature        |             |                | Date Reviewed |                        |  |