

SSRP

**SOMERS CENTRAL SCHOOL DISTRICT  
IN-HOUSE SUBSTITUTION COVERAGE FORM**

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**\*\*\* NEW: These sheets must be handed in within 30 days of date of coverage  
FIRST THREE PERIODS FOR THE YEAR ARE FREE.**

**Period must be a number and 1 or 2 letters.**

DO NOT RECORD PERIODS WITHOUT STUDENTS, EX.: YOUR LUNCH, SPECIALS.

**SOMERS INTERMEDIATE SCHOOL  
ALL 40 MINUTE PERIOD=\$23.28**

DATE: \_\_\_\_\_

BUILDING: SIS

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**DATE(S) AND PERIOD(S) OF COVERAGE:**

**EXAMPLE: Date: 09/01/2024    Period: 4 A&B    Covered for: Mrs. Smith**

Date: \_\_\_\_\_ Period: \_\_\_\_\_ Covered for: \_\_\_\_\_

Date: \_\_\_\_\_ Period: \_\_\_\_\_ Covered for: \_\_\_\_\_

Date: \_\_\_\_\_ Period: \_\_\_\_\_ Covered for: \_\_\_\_\_

Date: \_\_\_\_\_ Period: \_\_\_\_\_ Covered for: \_\_\_\_\_

Date: \_\_\_\_\_ Period: \_\_\_\_\_ Covered for: \_\_\_\_\_

Date: \_\_\_\_\_ Period: \_\_\_\_\_ Covered for: \_\_\_\_\_

Date: \_\_\_\_\_ Period: \_\_\_\_\_ Covered for: \_\_\_\_\_

**\*\*\* 7 PERIODS MAX COVERAGE, DO NOT INCLUDE LUNCH, SPECIALS, OR HOMEROOM \*\*\***

**BUILDING PRINCIPAL APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_**  
**\*\*\*\*COMPLETE AND RETURN FORM TO THE BUILDING SECRETARY FOR PRINCIPAL APPROVAL.**

**Payroll use only:**

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**Total Periods Covered: \_\_\_\_\_ @ \$23.28**

3 Free complete? \_\_\_\_\_

\*\*\*\*Please print on white paper, single sided