SSRP

SOMERS CENTRAL SCHOOL DISTRICT

IN-HOUSE SUBSTITUTION COVERAGE FORM

SSRP

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

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

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DATE:	_PRINT NAME:			BLDG: SMS
EMPLOYEE SIGNA	ΓURE:			
EXAMPLE - Date: 09/	/01/2024 Period/La	ock: 1	Minutes: 40-46	Covered for: Mr. Smith
		<mark>Circle period or</mark>		_
Date:	Period/Lock:	Minutes: _	Covered for:	
Date:	Period/Lock:	Minutes: _	Covered for:	
Date:	Period/Lock:	Minutes: _	Covered for:	
Date:	Period/Lock:	Minutes: _	Covered for:	
Date:	Period/Lock:	Minutes: _	Covered for:	
Date:	Period/Lock:	Minutes: _	Covered for:	
Date:	Period/Lock:	Minutes: _	Covered for:	
***7 PERIODS MAX	COVERAGE, DO N	NOT INCLUDE	LUNCH, SPECIALS,	OR HOMEROOM
COMPLETE	& RETURN FOR PRINCIPA	AL'S APPROVAL. IF	NOT SIGNED, PAYMENT WILI	L NOT BE MADE
*** PRINCIPAL SIGNATURE:			DATE:	
PAYROLL USE ONLY:	PAYROLL USE	ONLY: P.	AYROLL USE ONLY:	PAYROLL USE ONLY:
INHOU-AI = TAIDE INHOU-TA = TASST				
Total 40-46 Minute Perio	ds/Locks Covered:	@\$23.28		
3 Free Complete?	_			
Print on white paper, single sided				