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.

			s do not count as a period.	ES	
DATE:	PRINT NAM	IE:		BLDG: SHS	
EMPLOYEE SI	GNATURE:				
EXAMPLE - Da	te: 09/01/2024 Per	riod/Lock: 1	Minutes: 56	Covered for: John Smith	
Date:	Period:	Minutes:	Covered for:		
Date:	Period:	Minutes:	Covered for:		
Date:	Period:	Minutes:	Covered for:		
Date:	Period:	Minutes:	Covered for:		
Date:	Period:	Minutes:	Covered for:		
Date:	Period:	Minutes:	Covered for:		
Date:	Period:	Minutes:	Covered for:	<u> </u>	
***7 PERIODS	MAX COVERAGE,	DO NOT INCLUI	DE LUNCH, SPECIALS	, OR HOMEROOM	
COM	MPLETE & RETURN FOR P	RINCIPAL'S APPROVAL.	IF NOT SIGNED, PAYMENT WIL	L NOT BE MADE	
*** PRINCIPAL SI	GNATURE:		DATE:		
PAYROLL USE ON	NLY: PAYROL	L USE ONLY:	PAYROLL USE ONLY:	PAYROLL USE ONLY:	
INHOU-AI = TAID INHOU-TA = TASS					
Total 56 Minute Pe	eriods Covered:	@\$30.97			
3 Free Complete?					
Print on white paper, single	le sided				