

Public Schools of the Tarrytowns

Teacher Coverage Form

This form is to be filled out by the teacher who covers an instructional class for another teacher. Once the form is filled out by the teacher, please submit the form to the building principal for review and approval. The building secretary should then send the completed form to the payroll office for processing.

Name of Teacher Covering: _____

Date of Coverage: _____

Number of periods covered: _____

Name of the Teacher Absent: _____

Reason for Absence: _____

Signature of the Teacher Who Covered the class: _____ Date: _____

Signature of the Building Principal: _____ Date: _____

Rate: \$35 per period