

MT. PLEASANT CENTRAL SCHOOL DISTRICT

CLASS COVERAGE PAYROLL FORM

All Timesheets and Extra Pay Forms must be submitted for administrator approval no later than two weeks following the date worked. Late submission will result in delay/denial of payment.

**2026-27
CES&HES**

Employee's NAME: _____

PAY PERIOD ENDING: _____ **SCHOOL:** _____

ALL INFORMATION MUST BE ENTERED FOR FORM TO BE PROCESSED

DATE	Start/End Time	NAME OF TEACHER NEEDING COVERAGE	TEACHING ASST (\$17.94)	TEACHER AIDE (20.00)

1 period equals 40 minutes.

Employee Signature: _____ **DATE** _____

APPROVED BY: _____ **DATE** _____
Building Administrator