TEACHER CLASS COVERAGE DURING PREP PERIOD

Name of teacher covering class: _____

School: _____

Class/teacher that was covered: _____

Date class was covered: _____

Time: _____ / _____ Number of minutes: _____
from to

Reason for coverage:

_____

_____

_____

_____
Teacher's signature: Date

_____
Principal's signature: Date

Central Office Use ONLY:

$63.00 per hr./ 60 mins. = 1.05 per min. x _____ mins. (from above) = $_____