



Teacher

Class Coverage Payment Authorization

**must be pre-approved by Administrator*

Teacher Name: _____ School: _____

The above mentioned certified staff member is entitled to compensation according to Article 37 of the agreement between The Regional 13 School District Board of Education and the Regional School District 13 Teachers' Association.

Coverage Information

Date	Teacher Name <i>(Whose class you covered.)</i>	Period	Reason <i>Must check applicable box.</i>	Start Time	End Time	Total Hours
_____	_____	_____ (if applicable)	<input type="checkbox"/> Full Day Absence <input type="checkbox"/> Partial Day Absence for Emergency/Illness <input type="checkbox"/> Professional Learning/Meeting <input type="checkbox"/> Coaching Assignment <input type="checkbox"/> Other: _____ _____	_____	_____	_____
Total:						_____

No compensation will be issued for mutually agreed upon favors or for partial period coverage less than twenty minutes in duration.

I certify that this is a true and accurate record of my time worked for the period described above. Falsification of timesheets is a serious infraction which may result in termination from employment.

Employee Signature: _____

Date: _____

Administrator's Signature: _____

Date: _____

ONE PAGE PER COVERAGE EVENT. For multiple coverages, please use a separate sheet.

Must be submitted during pay period the assignment occurred.