

AIDE COVERAGE

Year: _____

Pay Period: _____

EMPLOYEE NAME: _____

Building/Dept/Title: _____

Date	Period/Time Covered Teacher Covered For	Period/Time Covered Teacher Covered For	Period/Time Covered Teacher Covered For	Period/Time Covered Teacher Covered For	Period/Time Covered Teacher Covered For	Period/Time Covered Teacher Covered For	Period/Time Covered Teacher Covered For	Total Periods (hours) covered	Specific Work Completed
WEEK									

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____