

TEACHER COVERAGE

Year:

Pay Period:

EMPLOYEE NAME: _____

Building/Dept/Title: _____

Date	Period # Covered for Teacher listed below	Period # Covered for Teacher listed below	Period # Covered for Teacher listed below	Period # Covered for Teacher listed below	Period # Covered for Teacher listed below	Period # Covered for Teacher listed below	Period # Covered for Teacher listed below	Period # Covered for Teacher listed below	Total # of Periods covered	Specific Work Completed
WEEK										

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____