

CLASS COVERAGE – SECONDARY

School: _____ Teacher Name: _____ School Year: _____

	Date	Regular Period	Vol-Inv.	Absent Teachers Name	Coverage Teacher's Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

(Coverage Rate is at \$17.00 per period covered)

Amt:

Administrator's Signature: _____