



# TEACHER COVERAGE FORM

## New Philadelphia City Schools

A form must be completed each week this occurs in order for payment to be made. It is suggested that the teacher keep a copy of this form for his/her own records.

PRINT Teacher's name: \_\_\_\_\_ Building \_\_\_\_\_

Name of employee substituted for: \_\_\_\_\_

Date(s) worked: \_\_\_\_\_

Check the appropriate situation for which reimbursement applies:

Doubled up\*      Total Time for Doubling-Up: \_\_\_\_\_

\*Responsibility for 5 or more additional students

Less than 200 minutes of prep time during the week of \_\_\_\_\_

Total Prep Time **received** this week \_\_\_\_\_

200 minutes - \_\_\_\_\_ (the minutes received in row above) = \_\_\_\_\_

\_\_\_\_\_ **TOTAL** number of minutes to be paid for @ \$35 per 40 minutes = \$ \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Not-Approved\* - Reason \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Approved      \_\_\_\_\_ Not-Approved\* - Reason \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*If not approved, provide reason and return copy of form to teacher.