

Class Coverage Request for Payment

Date: _____

Name: _____

Staff member covered for: _____

Covered during:

____ conference

____ lunch

____ outside of regularly scheduled duties _____

(description)

Principal/Supervisor Signature: _____

Pay Code: _____

Amount: _____

\$18 (2022-2023); \$20 (2023-2024); \$22 (2024-2025)

Requests must to be turned in within 30 days of the coverage being completed to be eligible for payment.