



410 South Commercial Street • Neenah, WI 54956 • Tel: (920) 751-6800 • Fax: (920) 751-6809

CLASSROOM COVERAGE FORM

**** * CERTIFIED STAFF * * ***

This form should be submitted for certified staff that give up personal prep or lunch time only.

Complete the following:

Name: _____ Date of Coverage: _____

Absent Teacher: _____

Contractual reason for absence: _____

Subject: _____

School: _____

Time: From: _____ To: _____

Total Minutes _____ X Rate (**\$.45/minute**) = **TOTAL: \$** _____

Signature: _____

Date: _____

Administrator Approval for Payment:

Account Number

Building Administrator Signature

Date

District Administrator Signature

Date

NOTE: Please forward this form (copied on orchid) to the Payroll Office for processing. Payment will be included in the regular semi-monthly payrolls.