



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

CLASSROOM COVERAGE FORM

***** NON-CERTIFIED STAFF *****

*This form should be submitted for non-certified staff that provide coverage for a certified staff member for a half day or full day **only**. Coverage for less than a half day is considered as regular duty.*

Complete the following:

Name: _____ Date of Coverage: _____

Absent Teacher: _____

Contractual reason for absence: _____

Subject: _____

School: _____

Time: From: _____ To: _____

_____ Half Day Rate: **\$26.50**

OR

_____ Full Day Rate: **\$53.00**

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.