

Attention: Mary Jo Cussatt      Absent Teacher Coverage Form      2018-2019

Teacher's Name \_\_\_\_\_ Building \_\_\_\_\_ Employee ID # \_\_\_\_\_

As per Superintendent, teachers can cover a class of an absent teacher.

Please hand this sheet to the office the day you cover a class. It will be signed and returned to you.  
This sheet is the teacher's responsibility to maintain. (Only the Original form will be accepted)

Day	Date of Coverage	Time of Coverage	Absent Teacher	Administrator's Initials	Your Initials
1					
2					
3					
4					
5					
6					
7					

I have covered the above \_\_\_\_\_ classes.

Teacher's Signature \_\_\_\_\_

Administrator's Signature \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE RETURN BY JUNE 1, 2019