

Coventry Public Schools

Elementary Teacher Coverage Form

For the Weeks: _____ to _____

Teacher's Name: _____ School: _____

**refer to Key for 5 digit and 4 digit codes	
Line Number: fill in bldg code (5 digit #) and fill in job class code (4 digit #) of Teacher being covered	
1-10000000-10- _____	-111-51139-0000- _____
1-10000000-10- _____	-111-51139-0000- _____
1-10000000-10- _____	-111-51139-0000- _____
1-10000000-10- _____	-111-51139-0000- _____
1-10000000-10- _____	-111-51139-0000- _____
1-10000000-10- _____	-111-51139-0000- _____
1-10000000-10- _____	-111-51139-0000- _____

DATE	COVERED FOR (TEACHER'S NAME)	COVERED DURING (LUNCH, RECESS, OR PREP)	FREE COVERAGE MINUTES (TOTAL 208)	TOTAL TIME (ENTER IN MINUTES)
Total Minutes				
\$31.00/hr for 2009/2010 through 2011/2012 Per Minute Rate = \$0.52				X \$0.52 = Total Amount Due

Teacher's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

This form is to be signed by the teacher **prior** to submission.
Send to Assistant Superintendent's Office when completed

**Other special line # that is not assigned to Building Principal

Authorized Signature: _____

Assistant Superintendent's Office
Date posted to spreadsheet: _____
Posted by: _____
Date sent to Payroll: _____