

Coventry Public Schools

**Middle & High School Teacher Coverage Form**

For the Weeks: \_\_\_\_\_ to \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ School: \_\_\_\_\_

**\*\*refer to Key for 5 digit and 4 digit codes**

DATE	COVERED FOR (TEACHER'S NAME)	DEPARTMENT/ SUBJECT	FREE COVERAGE MINUTES (TOTAL 340)	TOTAL TIME (ENTER IN MINUTES)	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- _____
					1-10000000-10- _____ -111-51139-0000- _____

	Total Minutes			
\$31.00/hr for 2009/2010 through 2011/2012 Per Minute Rate = \$0.52		Total Amount Due		X \$0.52 =

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

<b>Assistant Superintendent's Office</b>
Date posted to spreadsheet: _____
Posted by: _____
Date sent to Payroll: _____

<b>**Other special line # that is not assigned to Building Principal</b>
----- Authorized Signature: _____
<b>**Other special line # that is not assigned to Building Principal</b>
----- Authorized Signature: _____