

Certificated Emergency Classroom Coverage

Claim for the Calendar Month of _____

Completed forms are to be submitted to the business office by the 8th Business Day of the month. Forms received by payroll after the 8th business day of the month will not be processed until the following month.

Name _____
Please print your name as it appears on your social security card.

Date	Name of Absent Employee	Reason for Absence & Account Code	Hours Worked	Rate of Pay <small>(Payroll Use Only)</small>	Total <small>(Payroll Use Only)</small>

The above claim is hereby certified for payment.

I hereby attest that the above classroom coverage interfered with my regular work with students that could not be rescheduled.

Principal/Supervisor Signature and Date

Certificated Employee Signature