

Minford Local Schools

Class Coverage Payroll Form

In accordance with MEA Negotiated Agreement Article 17- If an administrator requests that a teacher cover a class during their planning period, that teacher will be paid \$25.00 per planning period or fraction thereof.

Teacher Name: _____

Teacher Covered for: _____

Date of Coverage: _____ Start Time: _____ End Time: _____

Teacher Signature: _____ Date: _____

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To Be Completed By PRINCIPAL...

Why did you request this coverage?

_____ I authorize the payment of \$25.00 for class coverage.

Principal Signature: _____ Date: _____

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To Be Completed in Central Office...

_____ Approved

_____ Denied—Reason: _____

Superintendent Signature: _____

Date: _____