



Albert Gallatin Area School District
 2625 Morgantown Road
 Uniontown, PA 15401

Effective 3/16/09
 (To be copied on GREEN paper ONLY!)

Classroom Coverage

Name: _____

Home School: _____

Date	Providing Classroom Coverage For:	Period Covered	Dollar Amount	Principal's Initials
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
Total Dollar Amount:			\$	

Employee's Signature: _____ Date Submitted: _____

Principal's Signature: _____ Date Signed: _____

<ul style="list-style-type: none"> ▪ You MUST list only ONE period per line ▪ You will only be compensated for ONE classroom per period (\$10 each period ONLY) ▪ You MUST include the period & teacher's name whom you are covering for each & every time ▪ Your classroom coverage compensation should not exceed \$70 /day ▪ Elementary teachers will receive \$10/hour since they do not have periods, not to exceed \$70/day ▪ Covering HALF of a class is compensated at \$5/period, \$35/ day ▪ You must have the principal's permission/directive to cover a class <p>☆Please initial that you have read & understand these guidelines: _____</p>	<p><i>*Official Use Only*</i></p>
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