

SOMERS CENTRAL SCHOOL DISTRICT

SSRP

IN-HOUSE SUBSTITUTION COVERAGE FORM

SSRP

*****PRINT ALL INFORMATION (Except Signature)*****

DATE: _____ **PRINT NAME:** _____ **BLDG:** _____

EMPLOYEE SIGNATURE: _____ **Teacher Aide OR Teacher Asst.**

Date: _____ **Period:** _____

Date: _____ **Period:** _____

Coverage for: _____

Coverage for: _____

Reason for Coverage: _____
(Ex: Teacher is Absent or Conference or Meeting, etc.)

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Date: _____ **Period:** _____

Date: _____ **Period:** _____

Coverage for: _____

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(Ex: Teacher is Absent or Conference or Meeting, etc.)

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Coverage for: _____

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Date: _____ **Period:** _____

Date: _____ **Period:** _____

Coverage for: _____

Coverage for: _____

Reason for Coverage: _____
(Ex: Teacher is Absent or Conference or Meeting, etc.)

Reason for Coverage: _____
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Date: _____ **Period:** _____

COMPLETE & RETURN FOR PRINCIPAL'S

Coverage for: _____

APPROVAL. IF NOT SIGNED, PAYMENT

Reason for Coverage: _____
(Ex: Teacher is Absent or Conference or Meeting, etc.)

WILL NOT BE MADE.

NOTE: FIRST 3 PERIODS PER DAY ARE FREE

TOTAL PERIODS COVERED _____

PRINCIPAL SIGNATURE: _____ **DATE:** _____

PAYROLL USE ONLY: INHOU-AI = TAIDE INHOU-TA = TASST

TOTAL _____ **LESS 3 =** _____