

PROFESSIONAL STAFF COVERAGE 2023-2024 SY

Name _____

Instructions:

- Complete **Sections I, II & sign Section III** to be paid at rate of \$30.00 per hour.

SECTION I: Account Code & Total Periods

1. Total Number of periods I am requesting to be paid: _____
2. Building Covered (choose 1)
 - Nesc 10-1110-122-000-10-220-000-PSCV
 - West 10-1110-122-000-10-230-000-PSCV
 - Salem 10-1110-122-000-10-240-000-PSCV
 - MS 10-1110-122-000-30-500-000-PSCV
 - HS 10-1110-122-000-30-800-000-PSCV

SECTION II: Coverage Details

Elementary			Middle School			High School		
Date	Period	Teacher Covered	Date	Period	Teacher Covered	Date	Period	Teacher Covered

SECTION III: Acceptance Signatures

Employee Signature

Principal/Supervisor Approval

____ / ____ / ____
Date Submitted