PROFESSIONAL STAFF COVERAGE

Name _____

Instructions:

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

  OR

- Complete **all Sections** to exchange a full day of class coverage for one (1) personal day.

SECTION I: Account Code & Total Periods

Complete this section ONLY if you are requesting to be paid through payroll.

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: Personal Day Conversion

☐ In accordance with the Memorandum of Understanding between the Berwick Area School District and the Berwick Area Education Association, please use the full day of class coverage as noted above in Section II and exchange it for one (1) personal day.

SECTION IV: Acceptance Signatures

_____	_____	____/__/____
Employee Signature	Principal/Supervisor Approval	Date Submitted