

ADMINISTRATOR COVERAGE FORM

Teacher's Name: _____ Today's Date: _____

Building: _____ Grade: _____ Subject: _____

Covering for Administrator: _____ Date(s) Covering: _____

Reason: Meeting Conference/Workshop Personal Absence Other

Sub needed for Teacher: No Yes From: _____ To: _____ Sub Requested: _____

Teacher Signature: _____

Administrator Signature: _____ Date: _____

Please send original to the Switchboard and keep a copy for your records

ADMINISTRATOR COVERAGE FORM

Teacher's Name: _____ Today's Date: _____

Building: _____ Grade: _____ Subject: _____

Covering for Administrator: _____ Date(s) Covering: _____

Reason: Meeting Conference/Workshop Personal Absence Other

Sub needed for Teacher: No Yes From: _____ To: _____ Sub Requested: _____

Teacher Signature: _____

Administrator Signature: _____ Date: _____

Please send original to the Switchboard and keep a copy for your records