Covered Class Period Form
(Planning Period Coverage)

MUST be completed and scanned to DPS_payroll@daytonpublic.com
Please keep a copy for your records

Payroll date: Week ending _____

Covering Teacher's Name _____Employee ID# _____

School Name_____

Date_____

Name, employee ID and subject/grade of absent teacher *MUST* be entered below:

Absent Teacher's Name _____Employee ID# _____

Subject/grade_____ Pd _____

Time Worked: _____ minutes

Principal's Signature _____ Date: _____