

## **TEACHER FILL-IN COVERAGE**

			HEIR ABSENCE IN SAM	
ABSENT TEACHER NAME	SCHOOL			
DATE OF ABSENCE	EMPLOY	EE I.D. #	SAM JOB #	
<del>-</del>	r practical to provide a	substitute teach	ne use of a fellow teacher to cover a er. The District compensates the F	
	es their lunch and/or p kes additional student	•	oom.	
• •	be as follows and any utes: \$15.00		tes will follow the same payment I 30.00 61-90 Minutes: \$45.0	
Fill-in Teacher Name	Fill-in Teacher ID #	Minutes Worked	Fill-in Teacher Signature	Amount to Pay For HR office use only
				_
				_
				_
	A	CCOUNT CC	DDE	
Annual/Bereavement: 10.6	00.00.0060.0150.407	.0000 If <u>not</u> αn	nual leave, enter account to be ch	arged below:
• Fund Location SRI		0 <u>1</u> <u>5</u> 0	_407_•	