JACKSON COUNTY SCHOOLS

REQUEST FOR PAYMENT FOR PLANNING PERIOD COVERAGE

WHEN SUBSTITUTE NOT AVAILABLE

EMPLOYEE NAME: _____

EMPLOYEE ID: 935-00-

SCHOOL: _____

ACCOUNT CODE: 11.11111.112. .1010

DATE (MM/DD/YY)	TIME BEGIN	TIME END	NAME OF ABSENT TEACHR

I certify that I provided classroom coverage as listed above and waived my rights to a planning period on the dates in exchange for $30/day.

_____

Employee Signature

I certify that the classroom coverage listed above did occur at my request and was necessary due to the unavilability of a substitute teacher and no other form of class coverage was available.

_____

Principal's Signature

Extra

_____ @ $30