

COVERING CLASS REQUEST
SOUTH BEND COMMUNITY SCHOOL CORPORATION

Date _____

School _____

Principal _____

Because of a Corporation induced assignment the following named teacher will need coverage.

Teacher's Name _____ Employee # _____

Date _____ Teacher's Signature _____

Reason for absence _____

The teachers listed below agreed to, and have covered the above named teacher's classes:

Period	Covering Teacher's Name	Signature	Employee #
First	_____	_____	_____
Second	_____	_____	_____
Third	_____	_____	_____
Fourth	_____	_____	_____
Fifth	_____	_____	_____
Sixth	_____	_____	_____
Seventh	_____	_____	_____
Eighth	_____	_____	_____

Principal's Signature _____ Date _____

Distribution – Original to Payroll with next regular payroll.

Copy to Principal