



Dublin City School District

Professional Staff
3120 F7
Revised 4/26/11

Certified Classroom Coverage
(to be used by regular staff only)

Employee name: _____ SS# or Employee ID#: _____

DATE	TEACHER/CLASS TO BE COVERED	# OF COVERAGE PERIODS	BUILDING	ADMIN SIGNATURE

Teacher signature: _____

**NOTE: YOU MUST INCLUDE SS# OR EMPLOYEE ID# ON THIS FORM OR
THE FORM WILL BE RETURNED TO YOU AND PAYMENT WILL BE DELAYED
Please return the completed form to the Payroll Department**

FOR PAYROLL PURPOSES ONLY:

# OF PERIODS	RATE	TOTAL DUE