

Teacher Pay Form

Your Name: _____

School: _____

1

Grade/Class Covered: _____

Teacher Covered For: _____

Date: _____ Time: _____

2

Grade/Class Covered: _____

Teacher Covered For: _____

Date: _____ Time: _____

3

Grade/Class Covered: _____

Teacher Covered For: _____

Date: _____ Time: _____

Teacher's Signature

Date

Building Administrator's Signature

Date

Please forward to the switchboard operator by the end of each month.

Superintendent's Signature

Date