



STAFF COVERAGE FORM

If you have an appointment that cannot be made outside of school hours, and need to leave for a short time during class time, please use this form to identify who will be covering for your class in your absence.

Staff Member Information

Staff member who needs to leave	Date
Time Leaving (coverage starts)	Time Returning (coverage ends)
Reason	
Staff member who is covering	
Does the staff member who is covering the class have another class at that time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signatures

Leaving staff member's signature	Date	Covering staff member's signature	Date
Principal's signature	Date		

