

Rocky Hill Public Schools

Rocky Hill, Connecticut

PREP PERIOD PAYMENT FORM

For Class Coverage When No Substitute is Available

Use INK ONLY

Week Ending _____

Covering Teacher	Date Service Performed	Teacher Absent	Hours: From - To	# Hours	Rate	Total Dollar Amount
					\$30.00	
					\$30.00	
					\$30.00	
					\$30.00	
					\$30.00	
					\$30.00	
					\$30.00	
					\$30.00	
					\$30.00	
					\$30.00	
					\$30.00	
					\$30.00	

Signature of Covering Teacher

Covering Teacher (Please Print)

Authorized Signature

Date

Payroll Date Paid

Charge to 1000.29.111.1000.06