

## ADMINISTRATOR COVERAGE FORM

Teacher's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Building: \_\_\_\_\_ Grade: \_\_\_\_\_ Subject: \_\_\_\_\_

Covering for Administrator: \_\_\_\_\_ Date(s) Covering: \_\_\_\_\_

Reason: Meeting  Conference/Workshop  Personal Absence  Other

Sub needed for Teacher:  No  Yes From: \_\_\_\_\_ To: \_\_\_\_\_ Sub Requested: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please send original to the Keri Goupil and keep a copy for your records\***

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