Arcadia Local Schools Coverage Form

Name of absent teacher _____ Date of coverage_____

The form must be signed by the teacher who covered and principal prior to payment by the treasurer's office. Thank you.

Teacher Who Covered	Signature	Period	Classroom Time
		1st	7:55 - 8:45
		2nd	8:48 - 9:34
		3rd	9:37 - 10:23
		4th	10:26 - 11:12
		5th	11:15 - 12:00
		6A	12:03 - 12:47
		6B	12:36 - 1:20
		7th	1:23 - 2:06
		8th	2:09 - 2:52

Principal's Signature _____ Date _____

Superintendent Signature _____ Date _____