

OREGON SCHOOL DISTRICT
 INTERNAL CLASS COVERAGE – FOR PAYMENT ONLY

Name of Teacher:		
Building Location:	Is this a long-term sub assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date(s) taught:		Number of day(s):
Arrival time:	Departure time:	Total hours:
Teacher replaced:		Coding (if applicable):
Teacher signature:		Date:
Principal signature:		Date: