



REA CLASS COVERAGE

Date Range:
From: _____ To: _____

Class Coverage Pay Rate: All class coverage paid at \$50.00 per hour or proration for less than one hour (or at the employee's per diem hourly rate if that per diem rate is less than \$50.00 per hour). REA CBA 8.3.J

Substitutes will be paid at the applicable Substitute Hourly Rate

Date	# of Minutes or Periods Covered	REA Substitute / PRINT LAST NAME	REA Substitute SIGNATURE	Name of Absent Teacher	Account Code to be Charged

APPROVAL: _____
 Building Principal Signature Date