



**MINERVA LOCAL SCHOOLS
CLASSROOM COVERAGE**

MHS HMS MID WEST

DATE OF COVERAGE _____ PERIOD(S) _____

TEACHER'S CLASSROOM COVERED _____

STAFF MEMBER PERFORMING COVERAGE _____

COMPENSATION REQUESTED TOTAL COMPENSATION _____

COVERAGE TEACHER SIGNATURE _____
PRINCIPAL APPROVAL DATE

**Form(s) must be filed with the school office by the end of the day
coverage has been performed.**

Routing: White - Include with Sub List Yellow - Principal's copy Pink - Coverage Teacher's copy