

**BARBOUR COUNTY BOARD OF EDUCATION  
 COVERAGE OF PROFESSIONAL EMPLOYEE ABSENCE – NO SUBSTITUTES AVAILABLE  
 105 South Railroad Street  
 Philippi, WV 26416**

**INSTRUCTIONS:** Please complete this form in its entirety. This form must be prepared and submitted to the county office by all employees. Requests must be submitted through the employee's immediate supervisor.

**School:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Principal:** \_\_\_\_\_  
Signature Indicates Approval

**Name of Absent Employee:** \_\_\_\_\_ **Absent Employee #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Length of Normal Planning Period in Day:** \_\_\_\_\_ **Number of Periods in Day:** \_\_\_\_\_

Employee Providing Coverage (PRINT)	Emp #	Employee Providing Coverage Payroll Office to Compute		Signature of Employee Providing Coverage	Additional Amount to be Paid Payroll Office
		Daily Rate	Amount of Coverage		

Verification of Substitute Shortage:

Personnel Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ONE FORM FOR EACH DAY COVERAGE IS PROVIDED IN THIS MANNER.**