

**BARBOUR COUNTY BOARD OF EDUCATION
 COVERAGE OF PROFESSIONAL EMPLOYEE ABSENCE-NO SUBSTITUTES AVAILABLE**

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

SCHOOL: _____ **DATE:** _____ **PRINCIPAL:** _____
Signature Indicates Approval

Name of Absent Employee: _____ **Absent Employee #** _____ **Length of Planning Time** _____ **Periods in a day** _____

Reasons for Absent _____ **Code:** _____

Employee Providing Coverage (PRINT)	Employee #	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