

CAMDEN CITY SCHOOLS

CLASS COVERAGE & MISSED PREP REIMBURSEMENT FORM COMPLETE FORM AND PRINT ALL INFORMATION:

Last Name _____
Soc. Sec# _____

First Name _____
Dept. /Grade: _____

This is my request for payment for split class coverage or missed prep time in accordance with the terms and conditions of Article XXX, Sec. F. Teacher Assignment of the current agreement between the Camden Education Association and the Camden Board of Education

Date of Coverage	Time From/To	Teacher absent	Circle Assignment Coverage
_____	_____	_____	Sp. Cl. Hr. /Sp. Cl. Wh. /Prep Time
_____	_____	_____	Sp. Cl. Hr. /Sp. Cl. Wh. /Prep Time
_____	_____	_____	Sp. Cl. Hr. /Sp. Cl. Wh. /Prep Time
_____	_____	_____	Sp. Cl. Hr. / Sp. Cl. Wh. /Prep Time
_____	_____	_____	Sp. Cl. Hr. /Sp. Cl. Wh. /Prep Time
_____	_____	_____	Sp. Cl. Hr. / Sp. Cl. Wh. /Prep Time
_____	_____	_____	Sp. Cl. Hr. / Sp. Cl. Wh. /Prep Time
_____	_____	_____	Sp. Cl. Hr. /Sp. Cl. Wh. /Prep Time

Teacher Signature: _____

Date: _____

Reimbursement Payment Rate Schedule:

Split Class Hourly Coverage (Sp. Cl. Hr.)	\$5.50
Split Class Whole Day Coverage (Sp. Cl. Wh.)	\$30.00
Missed Prep Time	\$16.00

Please submit this form to Principal's Office for reimbursement

A FACSIMILE OF THIS FORM WILL NOT BE ACCEPTED!