

Thomas Kelly High School

Trip/Activity Document

Class Coverage

When substitutes are not provided, you must arrange coverage for your classes, division and duties. This form must be completed with the signatures of those teachers who are going to be responsible for the respective coverage. Please attach copies of the reason for this coverage (i.e., conference request form, fieldtrip request form, etc...)

Teacher's Name _____

Department _____

Reason _____

Date for coverage _____

Time departing _____

Time returning _____

Period	Subject	Signature of person covering
0		
1		
2		
3		
DIV		
4		
5		
6		
7		
8		
9		
10		

Teacher's Agreement

I understand it is my responsibility to insure there is a qualified adult to cover my class, division, and/or duty; and there is work left for the students to complete, while I am out of the building.

Department Chair Approval _____

Date _____

Administrative Approval _____

Date _____