

MONTGOMERY COUNTY PUBLIC SCHOOLS

Authorization Form
Emergency Class Coverage Program—Teachers

Office of Operations
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

School Name _____

Absent Teacher _____ Date ____/____/____

Substitute Calling System Number: ____ - ____ - ____

Period	Teacher Providing Coverage	Teacher Verification That Coverage Was During Planning Period (Signature)
1	Name _____ Employee ID # _____	
2	Name _____ Employee ID # _____	
3	Name _____ Employee ID # _____	
4	Name _____ Employee ID # _____	
5	Name _____ Employee ID # _____	
6	Name _____ Employee ID # _____	
7	Name _____ Employee ID # _____	
8	Name _____ Employee ID # _____	

Person Preparing Form _____

Approved Signature, Principal/Principal Designee _____

DISTRIBUTION: Form should be maintained with the school's payroll records.