

**MONTGOMERY COUNTY PUBLIC SCHOOLS**

**Authorization Form  
Emergency Class Coverage Program—Support Staff**

Office of the Chief Financial Officer  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

School Name \_\_\_\_\_

Pay Period Start Date \_\_\_/\_\_\_/\_\_\_ Pay Period End Date \_\_\_/\_\_\_/\_\_\_

Support Staff Providing Coverage	Absent Teacher	Date	Hours	Support Staff Signature
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		
ID # _____ Name _____	ID # _____ Name _____	___/___/___		

Person Preparing Form \_\_\_\_\_

Approved Signature, Principal/Principal Designee \_\_\_\_\_