

RANDOLPH PUBLIC SCHOOLS
FINANCE OFFICE

**TEACHER PERIOD COVERAGE COMPENSATION
2017-2018**

DATE: _____

Name of Teacher to be paid: _____

Date(s) of extra assignment: _____

Name of Absent Teacher: _____

Reimbursement: $\frac{\$20.00}{\text{FY '17-'18}} \times \frac{\text{Class(es)}}{\text{Class(es)}} = \$ \frac{\text{TOTAL}}{\text{TOTAL}}$

APPROVAL OF ADMINISTRATOR _____

NOTE: Substitute teachers, student teachers and support personnel are **NOT** entitled to period coverage compensation.