

# Visiting Teacher

## Emergency Class Coverage Form

If you spend more than 3 hours in 1 academic year performing class coverage, you have the right to extra pay at the prorated day-to-day Visiting Teacher rate (currently \$134.64).

### Incident one (1)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Total time: \_\_\_\_\_

Schoolname/Program \_\_\_\_\_

Who you covered for \_\_\_\_\_

The emergency (to the best of your knowledge) \_\_\_\_\_

\_\_\_\_\_

Signature of administrator or witness: \_\_\_\_\_

### Incident two (2)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Total time: \_\_\_\_\_

Schoolname/Program \_\_\_\_\_

Who you covered for \_\_\_\_\_

The emergency (to the best of your knowledge) \_\_\_\_\_

\_\_\_\_\_

Signature of administrator or witness: \_\_\_\_\_

### Incident three (3)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Total time: \_\_\_\_\_

School name/Program \_\_\_\_\_

Who you covered for \_\_\_\_\_

The emergency (to the best of your knowledge) \_\_\_\_\_

\_\_\_\_\_

Signature of administrator or witness: \_\_\_\_\_

When you surpass 3 hours, submit the information to your supervisor for payment. Contact the Sub Desk at (619) 725-8090 or email: [subhelp@sandi.net](mailto:subhelp@sandi.net) if you have questions.

