

4600 Detriot Ave, Cleveland, OH 44102

CLASS COVERAGE FORM

Please remember, you will need to get the permission of Admin and Union Chair for class coverage to take place.

Employee's Name			Date of Coverage	
Employee I	D#	Position	School/Department Carrett Morgan School of Engineering and Innovation	
Teacher Ne	eding Coverage		Class Period(s) Covering	
Please chec	k reason:			
	1. Teacher N	Not Present		
	2. Para Not	Para Not Present		
	3. Substitute	Not Present		
	4. Request o	Request of Admin or Union Chair		
	5. Staff Eme	rgency		
	6. School Ev	School Event		
	7. Other			
Signature of Employee			Signature of Principal/Supervisor	
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		Cionalum -	A Union Chair	
		Signature o	of Union Chair	