

## Teacher Coverage Payment Form

Per the BFA contract of 2019-2022, Teacher Aides and Teaching Assistants shall receive additional compensation of \$40.00 for a full day of teacher coverage and \$20.00 for an increment of one (1) period to a half day of coverage. Please complete all sections of this form in a timely manner and move to the next level to ensure prompt payment.

**Employee:**

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
 POSITION: \_\_\_\_\_ LOCATION: \_\_\_\_\_

Coverage Date(s)	Absent Teacher	1 Period to ½ Day	Full Day	Comments

Employee Signature

Date

**Program Administration:**

Budget Code(s)	Budget Code Total
	\$
	\$
	\$
<b>TOTAL DUE EMPLOYEE -&gt;</b>	\$

Supervisor Signature

Date

**Payroll:**

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Dutchess County Board of Cooperative Educational Services

Administrative Offices: 845.486.4800

[www.dcbooces.org](http://www.dcbooces.org)