

**Miami East Local School District**  
**Certified Class Coverage Compensation Form**

*Please Print*

Employee Name \_\_\_\_\_

Date of Coverage \_\_\_\_\_

Class being covered \_\_\_\_\_ Building \_\_\_\_\_

- Reason Coverage was Required
- Substitute Not Available
  - Change of Building Schedule
  - Absence Reported after 7am
  - Other \_\_\_\_\_

a. Reimbursement calculation for class period coverage:

Coverage occurred between \_\_\_\_ am/pm and \_\_\_\_ am/pm for a total of \_\_\_\_ minutes.  
\_\_\_\_ minutes x .30 a minute = \$ \_\_\_\_\_

b. Reimbursement calculation for class of students being divided among teachers:

**Full day Sub \$105.00                  Half day sub \$52.50**

\_\_\_\_\_ half day substitute rate/ \_\_\_\_\_ teachers= \$ \_\_\_\_\_

\_\_\_\_\_ full day substitute rate/ \_\_\_\_\_ teachers= \$ \_\_\_\_\_

Reimbursed employee's signature \_\_\_\_\_ Date \_\_\_\_\_

Building administrator's signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent's signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received by Treasurer's Office \_\_\_\_\_