

HIGHLAND FALLS-FORT MONTGOMERY
CENTRAL SCHOOL DISTRICT

ACADEMIC CLASS COVERAGE CLAIM FORM
To be completed in BLUE Ink

Name: _____

School: _____

Number of non-reimbursed class coverages to date: _____

Number of reimbursable class coverage(s): _____

Date of Coverage	Teacher	Period (time)

Approval of Principal: _____ Date: _____

Approval of Assistant Superintendent: _____ Date: _____