



Authorization Form Emergency Class Coverage Program

Office of the Chief Operating Officer
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, MD 20850

School Name _____ School Number _____

Date	Absent Teacher	Substitute Calling System Number

Period	Teacher Providing Coverage	Teacher Verification That Coverage Was During Planning Period (<i>Signature</i>)
1	Name _____ Employee ID # _____	
2	Name _____ Employee ID # _____	
3	Name _____ Employee ID # _____	
4	Name _____ Employee ID # _____	
5	Name _____ Employee ID # _____	
6	Name _____ Employee ID # _____	
7	Name _____ Employee ID # _____	
8	Name _____ Employee ID # _____	

Person Preparing Form

Approved

Signature, Principal/Principal Designee