WATERLOO COMMUNITY SCHOOL DISTRICT

CLASS COVER FORM

EMPLOYEE WHO WAS ABSENT_____   ASSIGNMENT_____

BUILDING _____   DATE OF ABSENCE _____

NATURE OF ABSENCE_____   ACCOUNT CODE _____

CLASS PERIOD	EMPLOYEE WHO COVERED	EMPLOYEE GROUP
1		
2		
3		
4		
5		
6		
7		
8		
9		

PRINCIPAL'S APPROVAL_____   DATE _____

HUMAN RESOURCE'S APPROVAL _____   DATE _____

FORWARD COMPLETED FORM TO HUMAN RESOURCE FOR APPROVAL.
ALL TIME SHEETS MUST BE SUBMITTED BY THE 16TH OF THE MONTH.