**SUB COVERAGE FORM**

Contract Language Regarding Sub Coverage:

9.4.2 No elementary teacher shall be called upon for emergency supervision of a class or part of a class more than three (3) half-days per year and **no secondary teacher shall be called upon for emergency supervision of an extra class more than three (3) periods per year by reason of the administration's inability to obtain a substitute**

**Use the below form to keep track of your coverages…**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  | **Period** | **Class** | **Teacher**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**If after you have completed three sub coverages and an administrator asks you to cover another class, please inform them that you have done the 3 periods outlined by the contract.**

**If you are still directed to still do so you should ask the administrator to provide the directive in writing, complete the coverage and then reach out an SFT Building Director.**

**If the administrator does not provide the directive in writing, you are still to complete the coverage and then reach out to an SFT Building Director.**