



St. Augustine Secondary School ON CALL REQUEST FORM

If applicable, please provide a copy of the approval form for conference or workshop with code details.

TEACHER REQUIRING COVERAGE: _____

DATE FOR ON-CALL COVERAGE: _____

REASON: _____

CODE: _____

OF SUPPLIES COVERED (i.e. fieldtrips) _____

APPROVED BY: _____

COVERAGE INFORMATION					
PERIOD	COURSE CODE	ROOM	NOTES/COMMENTS (i.e. Supervision/Duty)	LENGTH OF COVERAGE REQUEST (✓)	
				FULL PERIOD	PARTIAL PERIOD/TIME
1A				<input type="checkbox"/>	
1B				<input type="checkbox"/>	
2A				<input type="checkbox"/>	
2B				<input type="checkbox"/>	
2C				<input type="checkbox"/>	
2D				<input type="checkbox"/>	
2				<input type="checkbox"/>	

EACH CLASS and/or period to be covered should have a SEPARATE folder with the following information:

1. TEACHER'S NAME
2. COURSE CODE & PERIOD
3. CLASS LIST
4. SEATING PLAN
5. LESSON PLAN/HEALTH AND/OR SAFETY PLAN