

**The Chapin School, Ltd.  
Faculty Substitution Pay Request**

**Date :** \_\_\_\_\_

**Full Name of Substitute :** \_\_\_\_\_

**Full Address :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Schedule of Coverage**

<b>Date</b>	<b>Class</b>	<b>Time</b>	<b>Regular teacher</b>	<b>Reason for absence</b>

**Signature of Department Head:** \_\_\_\_\_

**Signature of Division Head:** \_\_\_\_\_

**Signature of Director of Studies:** \_\_\_\_\_

**Ilana Pergam**