## FRANKLIN CITY SCHOOLS

Classified Internal Coverage

Employee Legal Name ( Printed)

Pay Date (filled out by Payroll)

Regular Contracted Position

Building or Department

Date	Sub Position	Start Time	End Time	Hours	Explanation	Business Manager		Treasurer's Office	
						Higher Rate	A17 \$10	Pay Rate	Total Pay
						0	o		
						0	0		
						0	0		
						0	o		
						0	o		
						0	0		
						0	0		
						0	0		
						0	0		
						0	0		
						0	0		
						0	0		
						0	0		
						o	o		
						0	0		

Total Pay

Employee Signature

Business Manager's Signature

Submit to Treasurer's office for payment