

**PARA CLASS COVERAGE  
2019-2020**

Fax to: Boston Public Schools, Payroll Department, 617-635-9003 Email: [ohcpayroll@bostonpublicschools.org](mailto:ohcpayroll@bostonpublicschools.org)

School: \_\_\_\_\_ R.C.#: \_\_\_\_\_ Tel.#: \_\_\_\_\_

Check Box: Jan  Feb  Mar  Apr  May  Jun  Rate: **10.00**  
Jul  Aug  Sep  Oct  Nov  Dec

Signature of Principal/Headmaster: \_\_\_\_\_

NAME/TITLE (Teacher or Para)	EMPLOY. STATUS *	EMPLOYEE I.D.	EMPLOY. RECORD NUMBER	NO. OF HOURS	RATE	TOTAL AMOUNT

\* Active = A Terminated = T Inactive = I Leave of Absence = L

**TEACHERS CLASS COVERAGE**  
**2019-2020**

Fax to: Boston Public Schools, Payroll Department, 617-635-9003 Email: [oh payroll@bostonpublicschools.org](mailto:oh payroll@bostonpublicschools.org)

School: \_\_\_\_\_ R.C. #: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Rates: Teachers: 30.94 Paras: 10.00

Rate: 30.94 (6:09 – 6:39 hrs)
Rate: 33.43 (6:40 – 7:09 hrs)
Rate: 34.47 (7:10+ hrs)

Check Box: Jan  Feb  Mar  Apr  May  Jun   
 Jul  Aug  Sep  Oct  Nov  Dec

Signature of Principal/Headmaster: \_\_\_\_\_

NAME/TITLE (Teacher or Para)	EMPLOY. STATUS *	EMPLOYEE I.D.	EMPLOY. RECORD NUMBER	NO. OF PERIODS	RATE	TOTAL AMOUNT

\* Active = A    Terminated = T    Inactive = I    Leave of Absence = L