

Department Cover Sheet

**C19**

Date:		Planned absence:	
Staff member absent:		Emergency absence:	
Class:		Register attached:	
Lesson:	1 2 3 4 5	Seating plan attached:	
Room:			

Cover staff:
Students with special educational needs:
Learning objective:
Location of equipment and resources:
Work set:
Homework:
Any problems contact _____ in room

**Cover feedback**

Cover staff feedback:

Signed:

Date:

**Please return to line manager.**

