

MISSED PREP PERIOD PAY REQUEST FORM

Used by: **Special Education Teachers Without Set Prep Time**

Name: _____

Employee ID #: _____

Location: _____

Date Submitted: _____

	Date	Reason for Missed Prep	District Account Number (Authorized by an administrator)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

"Elementary and Middle School Teachers will be compensated \$27 and High School Teachers \$40 per "missed prep" period"

TOTAL REIMBURSEMENT:

_____ @ \$27 (EL/MS) = \$ _____

_____ @ \$40 (HS) = \$ _____

Building Administrator/Supervisor Signature

Date

District Administrator/Supervisor Signature (if necessary)

Date

Assistant Superintendent, Human Resources

Date

