

Missed Duty Free Lunch

Submission for Reimbursement for

Name _____

Employee ID # _____

Location: _____

Date: _____

	Date	Time/Period	Reason for Missed Lunch	District Account Number (authorized by an administrator)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PAY RATE \$28.00/missed lunch period

“All elementary, middle and high school teachers shall be entitled to a duty-free lunch period of a minimum of forty (40) minutes. A teacher who is required to forego a duty-free lunch period as a result of a meeting, required student responsibilities, or other obligation scheduled by the administration shall receive compensation OF \$28 PER MISSED LUNCH PERIOD.”

TOTAL REIMBURSEMENT:

_____ @ \$28 = \$ _____

Principal's/Supervisor's Signature _____