

MISSED PREP PERIOD PAY REQUEST FORM (TEACHERS)

This form should ONLY be used to request compensation for a Missed Prep Period!

LOCATION

PAY RATE

PAY PERIOD

DATE PREP MISSED	EMP #	EMPLOYEE NAME	When is YOUR prep? (Circle One)	Who did you miss YOUR prep for: (Teacher's Name)	Absence Reason (Circle One)	ACCOUNT #
			1 2 3 4 5 6		ILL PB ASB Other: _____	
			1 2 3 4 5 6		ILL PB ASB Other: _____	
			1 2 3 4 5 6		ILL PB ASB Other: _____	
			1 2 3 4 5 6		ILL PB ASB Other: _____	
			1 2 3 4 5 6		ILL PB ASB Other: _____	
			1 2 3 4 5 6		ILL PB ASB Other: _____	
			1 2 3 4 5 6		ILL PB ASB Other: _____	
			1 2 3 4 5 6		ILL PB ASB Other: _____	
			1 2 3 4 5 6		ILL PB ASB Other: _____	
			1 2 3 4 5 6		ILL PB ASB Other: _____	

 Building Administrator/Supervisor Signature

 Date

 District Administrator/Supervisor Signature (if necessary)

 Date

 Assistant Superintendent, Human Resources

 Date