Missed Planning and Preparation Time MV Middle School

(Grades 6-8)

Name of Teacher:_____

DATE OF	NAME OF	PERIOD OF	REASON FOR PREP TIME LOST
PREP TIME LOST	ABSENT TEACHER	PREP TIME LOST	(e.g. No Sub Assigned, etc.)

EMPLOYEE SIGNATURE

DATE

PRINCIPAL SIGNATURE

DATE

Account Code: _____

Account Code: ______

RETURN TO PAYROLL AT END OF EACH MONTH