

Galt Elementary School District Prep Time Make-Up Schedule

Name: _____ Site: _____

Grade Level: _____ Room Number: _____

Date Missed: _____ Reason Missed: _____

Prep Missed: _____ Music _____ P.E.

PLEASE CHECK ONE OF THE FOLLOWING:

Compensation in lieu of prep time make-up

Requesting prep time make-up

Please fill out all the information below if scheduling is requested

I have music prep on:	_____	From _____ to _____
	(Day)	(Time)
I have P.E. prep on:	_____	From _____ to _____
	(Day)	(Time)

Teacher's Signature

Principal's Signature

Make a copy for your file and send original to Tiffany Rich in the district office.

District Office Use Only:

_____	X	_____	=	_____
HOURS		RATE		TOTAL