296-2938

HARTFORD PUBLIC SCHOOLS

TEACHERS' LOSS OF PREP TIME FORM

TEACHER'S NAME _____

SCHOOL _____ **GRADE** _____

DATE _____ **SCHOOL YEAR:** _____

Reason for Prep Time Loss	Prep Time Loss Date(s)	Number of Minutes Lost
Total Number of Prep Time Minutes Lost		

TEACHER'S SIGNATURE _____

Please return completed forms to the principal's office for processing no later than the fifteenth (15th) day of the month following the month during which prep time was lost.

HR/2001