Reedsport School District 105

100 Ranch Road, Reedsport OR 97467-1739
Phone: (541) 271-3656
Fax: (541) 271-3658

Loss of Preparation Time
Record Form

Employee's Name (Printed): _____

School: _____

Date Loss of Preparation Time Occurred: _____

Teacher/Class/Period Covered (if applicable): _____

Number of Minutes Earned: _____

Reason for Loss of Preparation Time (select one):

- ☐ Medical Leave
- ☐ Professional Leave
- ☐ Sporting/Club Event
- ☐ Other (please specify): _____

_____

_____	_____
Employee's Signature Date	Approved: Building Principal Date
_____	_____
Approved: Business Manager Date	Approved: Superintendent Date

This form is to be used for administrating Article 6, Section D of the contract between the Reedsport School District and the Association for Reedsport Educators

Updated: MLH 01/12/2018