## South Heart Public School District #9 Lost Prep & Before/After School Committee Stipend Reimbursement Form

Name of Employee:		Month/Year:		
Day of	Description of	Time	Total Minutes	
Month	Reimbursement Request	Enter Committee Time: (example: 3:30 - 4:00) Lost Prep Period: (example: 4th period or PE/Music)	Enter 30 min for 1/2 prep Enter 60 min for full prep	Principal Approval
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				
11th				
12th				
13th				
14th				
15th				
16th				
17th				
18th				
19th				
20th				
21st				
22nd				
23rd				
24th				
25th				
26th				
27th				
28th				
29th				
30th				
31st				
		Total Minutae		
		Total Minutes:		
		Total Hours (minutes/60):		
		Total Flours (Illinutes/00).		
	TOTAL REIMBURSEMENT:		Ś	
1017.		(\$20/hr x # of hrs)		
		(\$26) III X II CI III 6)		
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Employee Signature:		Date	:	
Superintendent Approval:		Date	:	