

GRAND VALLEY LOCAL SCHOOLS

Prep Period Stipend Worksheet

Employee Name: _____ Employee #: _____

Building: _____ Position: _____

1st Semester

Total number of prep periods: _____ (Number of prep periods over 4: _____)

2nd Semester

Total number of prep periods: _____ (Number of prep periods over 4: _____)

**Please attach a list of your prep periods.

Employee Signature: _____

Date: _____

Approved by: _____

Date: _____

(Administrator)

Date: _____

(Superintendent)