BALDWIN-WHITEHALL SCHOOL DISTRICT

REQUEST FOR PAYMENT-ADDITIONAL PREPARATION REQUEST

Teacher's Name		Date	_
School Year	1st Semester	2nd Semester	
	(Ch	eck 1 st /2 nd Semester)	
List the courses you are	teaching that require more	e than three preparations.	
cipal's Signature		Date	
t. Superintendent's Signati	ure	Date	
iness Manager's Signature		Date	
If an employee has more thar	n three preparations in an acad	emic area, that employee shall be	
- -		each additional preparation or be	;
·	3300.00) per semester for each The academic areas shall be lir	n additional preparation as mited to World Language, English,	

Please Forward to the Assistant Superintendent.

Mathematics, Science, and Social Studies