

Preston Public Schools Exception Report

Must be turned in on Friday prior to Payday.

Employee Name: _____

Week ending: _____

WEEK 1

	Date	Start Time	Lunch begin	Lunch End	End Time	Hours	Teacher Coverage Hours	Teacher's Name/Comments
Mon								
Tues								
Wed								
Thurs								
Fri								

WEEK 2

Mon								
Tues								
Wed								
Thurs								
Fri								

Employee Signature _____ Date _____

Principal's Signature _____ Date _____