WIRT COUNTY SCHOOLS

AGREEMENT

Between Teacher & Wirt County Schools

FOR COMPENSATION

IN LIEU OF

PLANNING PERIOD

Completion of this form indicates that employee has agreed to receive payment in lieu of their planning period for date and period of time indicated on this form.

Employee Name _____Employee Number _____

Date	Time

Signature verifies the employee understands and agrees to receive compensation in lieu of planning period time as indicated.

_____ _____

Principal's Signature Employee's Signature

_____ _____

Date Date