



Cambridge Public Schools  
159 Thorndike Street, Cambridge, MA 02141

## LOST PREP IDEMNIFICATION FORM

Date: \_\_\_\_\_

To: Barbara J. Allen  
Executive Director for Human Resources

From: \_\_\_\_\_  
Name (Administrator)

\_\_\_\_\_  
Title

\_\_\_\_\_  
School

The following teacher lost his or her designated preparation period on the date show below and is entitled to compensation as stipulated in the teacher's contract.

\_\_\_\_\_  
Teacher's Name (Please Print)                      Length of Prep Period                      Date

**Reason:**

- Covering for Absent Teacher
- Other (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Administrator's Signature

The School Committee will indemnify a teacher in an elementary or high school program for loss of preparation time in accordance with Article V., Section D-2 of the Cambridge Teachers Association Unit A and B contract.