

Harrison County Schools
Planning Period Waiver Form

Name _____ ID# _____

List Date(s) Planning Period Was Waived

Beginning Date _____

Ending Date _____

Total Days for Planning Waiver _____ (a)

Total Minutes per planning period _____ (b)

Total Minutes _____ (c) = (a) x (b)

Total Hours to be paid _____ (d) = (c) divided by 60

Teacher's Signature _____

Principal's Signature _____

Date _____