



MOU VIOLATIONS DOCUMENTATION

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IDENTIFYING INFORMATION WILL BE KEPT CONFIDENTIAL

MEMBER NAME:

GRADE/TEAM/ACADEMY:

SCHOOL/WORK LOCATION:

Date	Violation	Documentation
	<input type="checkbox"/> Planning Time <input type="checkbox"/> Covering Classes <input type="checkbox"/> In Lieu of Sub Pay <input type="checkbox"/> Workday <input type="checkbox"/> Other (specify below)	
	<input type="checkbox"/> Planning Time <input type="checkbox"/> Covering Classes <input type="checkbox"/> In Lieu of Sub Pay <input type="checkbox"/> Workday <input type="checkbox"/> Other (specify below)	
	<input type="checkbox"/> Planning Time <input type="checkbox"/> Covering Classes <input type="checkbox"/> In Lieu of Sub Pay <input type="checkbox"/> Workday <input type="checkbox"/> Other (specify below)	
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	<input type="checkbox"/> Planning Time <input type="checkbox"/> Covering Classes <input type="checkbox"/> In Lieu of Sub Pay <input type="checkbox"/> Workday <input type="checkbox"/> Other (specify below)	