

**Brooklyn  
School  
for  
Collaborative  
Studies**

■ MISSED PREP FORM Please give to Joyce.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF COVERAGE

\_\_\_\_\_  
NAME OF COVERING TEACHER

\_\_\_\_\_  
FILE #

\_\_\_\_\_  
PERIOD COVERED

\_\_\_\_\_  
REASON FOR COVERAGE (COVERED TEACHER NAME IF APPLICABLE)

APPROVED: \_\_\_\_\_  
SCILL CHAN  
SIGNATURE

\_\_\_\_\_  
PRINCIPAL  
TITLE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
PAYROLL INITIAL

\_\_\_\_\_  
PROGRAM & JOB CODE

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