

**LOCAL COLLABORATIVE TIME STUDY (LCTS)**  
*Non-Sample Times for Public Schools*

Name of the County/Collaborative: \_\_\_\_\_

Signature of the LCTS Coordinator: \_\_\_\_\_

School Fiscal Year: \_\_\_\_\_

\* This form includes data for: (circle one) **Entire County** or **Individual District(s)**

Instructions: Although school may not be in session (i.e. in-service days, conferences, etc.) staff must continue to be sampled while they are performing all of the functions that make up their position. Please indicate below legal holidays, Thanksgiving, Christmas, Easter (and their associated breaks), all other holiday breaks, the Winter and Spring breaks, MEA week, and any other time that all buildings within the district are closed. We will not schedule random moments for those days. Do not include in-service days or parent/teacher conference days on this form as they do not qualify as non-sampling times for random moment purposes.

**\*\*DO NOT ATTACH INDIVIDUAL SCHOOL CALENDARS WITH THIS FORM.**

*Note: If the start/end dates and/or the information is the same for one or more districts, you may consolidate the information on one form. Otherwise, please submit separate forms for each district.*

**First Day of School** \_\_\_\_\_

ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_

ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_

SEPTEMBER:

\_\_\_\_\_

OCTOBER:

\_\_\_\_\_

NOVEMBER:

DECEMBER:

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JANUARY:

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FEBRUARY:

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MARCH:

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APRIL:

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MAY:

*Last Day of School* \_\_\_\_\_

ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_

ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_ ISD #: \_\_\_\_\_

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**RETURN THIS FORM TO:  
LCTS PROJECT MANAGER  
DHS Financial Operations Division  
P.O. Box 64940  
St. Paul, MN 55164-0940  
Fax # (651) 431-7580**