DOCUMENTATION FORM FOR SUPPLEMENTAL CONTRACTS
FOR CONTRACTED EXTENDED DAYS FOR 2019-2020

EMPLOYEE: ________________________ POSITION: ______________________

_______NUMBER OF CONTRACTED EXTENDED DAYS (at contracted hours per day)

DATE: ______________________________________________________________
ACTIVITY: __________________________________________________________

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VERIFICATION OF ADDITIONAL TIME WORKED

I, ____________________________ verify that I have fulfilled the conditions of the Extended Day contract which recognizes additional time performed beyond the contracted basic education work year and work day, all in accordance with the Collective Bargaining Agreement between the Riverview School District and the Riverview Education Association.

Signature ____________________________ Date ____________________________

Principal/Supervisor Signature ____________________________ Date ____________________________

Payroll/file