Franklin Pierce Schools

CERTIFICATED EMPLOYEE GROUP EXTENDED CONTRACT

Department:	**Account Number:**	HOURLY RATE OF PAY
Date:	**Time Authorized per Employee:**	

Description Of Duties To Be Performed

NAME KEY	Type or Print Employee Names (Alphabetical by Last Name)	Employee Signature	HOURS WORKED	PAYROLL USE ONLY

For budgeting and auditing purposes, time sheets must be turned in by the 5th of the month following the event.

Signature of Immediate Supervisor/Budget Administrator _____Date_____

***Do not add more names to this contract (25 lines total). Please use another sheet if there are more than 25 in attendance.**