

EXTENDED SERVICE REIMBURSEMENT

Teacher's Name: _____

Social Security Number: _____

I hereby certify that I have worked the following days of extended service, have indicated the detailed services performed and request reimbursement for such services.

<u>DATE</u>	<u>SERVICES PERFORMED</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ Total Number of Days Worked

Teacher Signature

Principal Signature

Assistant Superintendent