



Extended Days Verification

Employee Name: _____ Location: _____

Position: _____ FTE: _____

This form is required for documentation only and is not a timesheet for additional compensation. Extended days are paid on a supplemental contract, and you can see the assignment line in Employee Access.

Employees who hold the following positions are eligible for the number of extended days indicated below. Each day is 7.5 hours, prorated based on FTE.

- | | | | |
|-----------------------|----------|----------------------|----------|
| • Counselor, MS | 7.5 days | • Librarian, MS | 7.5 days |
| • Counselor, HS | 9 days | • Librarian, HS | 8 days |
| • Dean of Students | 10 days | • Nurse | 5 days |
| • Instructional Coach | 10 days | • Program Specialist | 10 days |
| • Librarian, K-5 | 5 days | • Psychologist | 7 days |

Complete the table below for the number of days you are eligible for.

Day	Date(s) worked mm/dd/yyyy
1	
2	
3	
4	
5	

Day	Date(s) worked mm/dd/yyyy
6	
7	
7.5/8	
9	
10	

I confirm that I worked the extended days allocated to my position on the dates indicated above.

Employee Signature: _____ Date: _____

Submit this form to Human Resources as soon as you have completed the days.