Lincoln County Schools Extended Day Calendar

JROTC

Employee's Name _____

Position: JROTC Instructor Location: LCHS

**** You must complete this form even if you did not work any days during this month if you are an extended day employee**

**** Please turn in reports after the end of the month.**

Total days worked for this month:_____

June 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						4
5					10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Employee's Signature Date

I hereby certify that the above record is a true and accurate summary of my work

Supervisor's Signature Date

I hereby certify that this is a true and accurate record of the employee I am supervising

Do not complete this report until you have actually worked these days.
The Finance Department must be able to verify the days you have circled by cross referencing the sign in sheets at your work location. If we are unable to verify that you worked these days by cross referencing to a sign in sign out sheet you may not get credit for these days as part of your contract days unless we can verify by some other supporting documentation.

_____ Number of extended days in your contract

_____ Total number of days worked to date

_____ Balance of days to work before end of school year 6.30.xx