

## Lincoln County Schools Extended Day Calendar

Employee's Name \_\_\_\_\_

Position: \_\_\_\_\_

Location: \_\_\_\_\_

**\*\* 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: \_\_\_\_\_

### November 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	Holiday	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