

# EXTENDED SERVICE DAYS REPORT

EMPLOYEE NAME: \_\_\_\_\_

June 1, \_\_\_\_\_ to May 31, \_\_\_\_\_

DATE	TIME	NATURE OF WORK/STATUS OF TASK

\_\_\_\_\_  
 EMPLOYEE SIGNATURE DATE

\_\_\_\_\_  
 APPROVAL SIGNATURE DATE

***Please submit form to building principal on September 1st and at the end of each grading quarter if any days are used during that period.***