

DOCUMENTATION FORM FOR SUPPLEMENTAL CONTRACTS
FOR CONTRACTED EXTENDED DAYS FOR 2019-2020

EMPLOYEE: _____ POSITION: _____

_____ NUMBER OF CONTRACTED EXTENDED DAYS (at contracted hours per day)

DATE: _____
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VERIFICATION OF ADDITIONAL TIME WORKED

I, _____ verify that I have fulfilled the conditions of the Extended Day contract which recognizes additional time performed beyond the contracted basic education work year and work day, all in accordance with the Collective Bargaining Agreement between the Riverview School District and the Riverview Education Association.

Signature

Date

Principal/Supervisor Signature

Date

Payroll/file