# Extended Contract for Certified Staff and Administrators

CLATSKANIE SCHOOL DISTRICT

Name _____ ID _____ Month _____

Position _____ School _____ Year _____

| Date | Number of Hours | Duty Performed | If known, account name or number to be charged |
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I certify that I have worked the additional hours listed above.

_____ _____

Employee Signature Supervisor Signature

For Payroll Use Only

| Job Code | Account Number/Description | Total Hours | Rate | Notes |
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*If grant funds are being used, the superintendent or business manager's signature is required*

_____ _____ _____

Title Signature Date