

# Franklin County Schools Extended Day Form

In order to be paid for extended day, this form must be completed and submitted to the Human Resources Department prior to beginning extended day.

Employee Name: \_\_\_\_\_

Reason for extended day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of the extended day: \_\_\_\_\_  
(Ex. 1/2 hour beginning 8/1/08 ending 12/19/08, 3:30-4:00)

Funding Source of extended day: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Principal or Director Signature Date

HR Approval Date	HR Director Signature
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