**Certified Extended Contract**

**2022-2023**

**EMPLOYEE**:

**EMPLOYEE ID #**:

**SCHOOL**:

**REASON**:

**DATE OF EXTENDED DAYS:**  to

**DAYS:**

**CONTRACT AMOUNT:**

***ACCEPTANCE SIGNATURE:***

I, the undersigned, hereby agree to fulfill the duties of the Additional Day Contract stated above.

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EMPLOYEE SIGNATURE DATE

***Approved by:***

I, the undersigned approve the issuance of this Additional Day Contract as stated above.

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FEDERAL PROGRAMS DATE

***Reviewed by***:

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HUMAN RESOURCES DEPARTMENT DATE