



HUMAN RESOURCES

**Certified Extended Contract
2025-2026**

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.

EMPLOYEE SIGNATURE

DATE

Approved by:

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

FEDERAL PROGRAMS

DATE

Reviewed by:

HUMAN RESOURCES DEPARTMENT

DATE