

**APPENDIX J - COLVILLE SCHOOL DISTRICT #115  
EXTENDED DAYS VERIFICATION FORM**

<b>Employee:</b>		<b># of Contracted Extended Days:</b>	
<b>Position:</b>		<b>Converted to Hours:</b>	

<b>DATE</b>	<b>HOURS</b>	<b>WORK COMPLETED/DESCRIPTION</b>	<b>RUNNING TOTAL</b>
		<b>TOTAL FOR PAGE:</b>	

I hereby declare under penalty of perjury that this is a true and correct claim.

\_\_\_\_\_  
**Employee Signature / Date**

\_\_\_\_\_  
**Supervisor Signature / Date**