

# Extended School Year

**NAME:** \_\_\_\_\_

**PDE ID #:** \_\_\_\_\_

Day	START	STOP				Total Time
	Date					
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

**PLEASE TOTAL**

Life Skills ESY MS            00006636 \_\_\_\_\_

Emotional Support ESY MS    00006721 \_\_\_\_\_

Autistic ESY MS            00006722 \_\_\_\_\_

Learning Support ESY MS    00006581 \_\_\_\_\_

Life Skills ELM            00007902/00007903 \_\_\_\_\_

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Date

**PAYROLL DATE**