



**PRINCIPALS/ASSISTANT PRINCIPALS/DIRECTOR 4  
THREE SUPPLEMENTAL DAYS FORM  
FOR THE 2023-24 CONTRACT YEAR**

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

Location: \_\_\_\_\_

	Activity	Date
Day 1		
Day 2		
Day 3		

*I hereby certify under penalty of perjury that this is a true and correct claim for the supplemental days I worked during the 2023-24 school year.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT  
BY JUNE 15, 2024**