

EMPLOYEE NAME _____

BUILDING _____

**PEOP ACCOUNTABILITY FORM
FOR
THREE WORK DAYS
(per contract section 2-1-3)
(Appendix A)**

____/____/____ DATE	<input type="checkbox"/> FULL DAY	OR	_____ # OF HOURS	_____ SUPERVISOR'S SIGNATURE
____/____/____ Date	<input type="checkbox"/> Full Day	Or	_____ # OF HOURS	_____ Supervisor's Signature
____/____/____ Date	<input type="checkbox"/> Full Day	Or	_____ # OF HOURS	_____ Supervisor's Signature
____/____/____ Date	<input type="checkbox"/> Full Day	Or	_____ # OF HOURS	_____ Supervisor's Signature
____/____/____ Date	<input type="checkbox"/> Full Day	Or	_____ # OF HOURS	_____ Supervisor's Signature
____/____/____ Date	<input type="checkbox"/> Full Day	Or	_____ # OF HOURS	_____ Supervisor's Signature

Appendix A
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I have met the three day requirement for the _____ school year. _____
Employee Signature Date

RETURN COMPLETED FORM TO PAYROLL NO LATER THAN MAY 31 OF THE CURRENT SCHOOL YEAR.

***Employees must provide potential work dates to their supervisor for approval prior to working those dates.**