

Taconic Hills Central School District

Guidance

**I certify that I have worked the required 10 additional days per Article 17.9 of the Faculty contract
for the _____ school year on the following dates:**

Please List	(Please Check one)	
Date(s) Worked	Half Day	Full Day
Total # of Days Worked:		

Employee Signature: _____ Date: _____

Principal Approval: _____ Date: _____

Superintendent's Review: _____ Date: _____