

Career and Technology Education Department

EXTRA DUTY-DAY DOCUMENTATION

Teacher_____

School_____

Please complete and return *one copy to* Career and Technology Education Office.

Week One

FROM_____TO____20____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Week Two

FROM	_TO	20		
For each day list time and MONDAY	activities conducted TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
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Week Three

FROM	TO	20		
For each day list time as MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Week Four

FROM	ТО	20	1

For each day list time and activities conducted

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY