

**Extended Time Assignment**  
**Statement of Completion**

Upon completion of the extended time, approved by the Spencerville Board of Education, please fill out this form and submit it to the appropriate administrator.

Request payment for approved compensation:

Assignment \_\_\_\_\_

Amount of Compensation \$ \_\_\_\_\_

I hereby certify that all responsibilities in connection with the assignment listed above, have been satisfactorily completed.

DATE	HOURS	WHERE	WHAT	ADMIN. SIGN.

Date \_\_\_\_\_ SS# \_\_\_\_\_ Signed \_\_\_\_\_

Verified and approved:      Date \_\_\_\_\_ Signed \_\_\_\_\_