



OPT DAYS (ALTERNATIVE PLANNING DAYS/WORK YEAR)

SCHOOL YEAR _____ - _____

NOTE: OPT days must be used in full day increments, and only on the designated days noted on the back of the School Calendar for this Fiscal Year.

Employee Name	Employee Number	Opt Day #1 WORKED	Opt Day #1 USED	Opt Day #2 WORKED	Opt Day #2 USED	Remarks

TIME
SPECIALIST: _____
NAME SIGNATURE DATE

PRINCIPAL: _____
NAME SIGNATURE DATE

THIS FORM SHOULD BE FILED WITH PAYROLL RECORDS, AS DOCUMENTATION OF OPT DAYS WORKED AND USED FOR THIS FISCAL YEAR