

**CITY OF SALEM SCHOOL DIVISION
RETIREMENT EXTENDED WORK INCENTIVE PROGRAM
REPORT OF NON-SUBSTITUTE DAYS WORKED**

NAME _____ **ADDRESS** _____

EMP ID# _____

**Use this form to document activities not reported on a school's service report.
Do not use this form to report days worked as a substitute employee.**

DATE	NO. OF DAYS	ACTIVITY	SCHOOL/LOCATION

TOTAL	
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Employee's Signature _____ **Date** _____

REWIP Supervisor _____ **Date** _____

The following number of days must be worked to qualify for the full 15 percent of final annual salary.

- 200-day contracted employee must work 20 REWIP days
- 210-day contracted employee must work 21 REWIP days
- 220-day contracted employee must work 22 REWIP days
- 260-day contracted employee must work 24 REWIP days

Record time worked as days, not hours. Use 1/2 day increments for partial days worked. Submit this form to your REWIP Supervisor. The REWIP Supervisor will forward this form to the Payroll Manager.

DO NOT WRITE BELOW THIS LINE. PAYROLL USE.

NUMBER OF DAYS WORKED _____ X DAILY RATE _____ = _____