CITY OF SALEM SCHOOL DIVISION
RETIREMENT EXTENDED WORK INCENTIVE PROGRAM

REPORT OF SERVICE

NAME ______________________ **ADDRESS** ______________________

EMP ID# ______________________ ______________________

REWIP participants are required to use this form to list all time worked to document their annual obligation to the Program. Submit this form to the personnel office immediately upon completion of days worked for the school year.

DATE	NO. OF DAYS	ACTIVITY	SCHOOL/LOCATION

TOTAL	

Record time worked as days, not hours. Use 1/2 day increments for partial days worked. Submit this form to your REWIP Supervisor only after you have completed all REWIP workdays for the year. The REWIP Supervisor will forward this form to the Director of Personnel.

Employee's Signature ______________________ **Date** __________

REWIP Supervisor ______________________ **Date** __________

Director of Personnel ______________________ **Date** __________