

~~PERSONNEL~~~~03.121 AP.23~~~~-CERTIFIED PERSONNEL-~~**Certification of Time**~~This form is to be completed and sent to the Central Office at the time designated by Central Office personnel.~~~~Payroll Period: From _____ to _____~~

Certified Employee's Name	Number of Days Worked	Number of Days Absent	Name of Substitute (if required)
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			
11. _____			

~~I certify the above time sheet to be a true record of the time worked by the certified employees assigned to this school/work site. This time sheet shall be used to certify work time for certified (exempt) employees.~~~~_____
Principal/designee's Signature~~~~_____
Date~~

PERSONNEL _____ A03.121 AP.23

(CONTINUED)

Certification of Time

(Substitute)

FOR CENTRAL OFFICE USE ONLY

PAY TYPE: _____ ORG: _____ #DAYS/HOURS

~~010 HIGHLANDS HS~~ ~~011 HIGHLANDS MS~~ ~~020 JOHNSON~~ ~~030 MOYER~~ ~~040 WOODFILL~~

SUBSTITUTED FOR: _____

DATE (S) _____

NAME OF SUBSTITUTE _____

ADDRESS _____

HOURS IN ATTENDANCE: FROM: _____ TO: _____

(Please be specific)

SIGNATURE OF SUBSTITUTE

Review/Revised:9/13/04