

PERSONNEL

03.121 AF

Certification of Time for Extended Employment

Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Sy Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: NOVEMBER 17, 2014 PAY PERIOD ENDING: DECEMBER 5, 2014

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/AMOUNT USED ³
11/17/14	✓			
11/18/14	✓			
11/19/14		✓		NISL
11/20/14		✓		NISL
11/21/14	✓			
11/24/14	✓			
11/25/14	✓			
11/26/14	✓			
11/27/14				
11/28/14				
12/1/14	✓			
12/2/14	✓			
12/3/14	✓			
12/4/14	✓			
12/5/14	✓			
TOTAL DAYS WORKED		13		

I hereby certify that this time sheet is a correct statement of actual days worked during this pay period.

Signature of Employee

Date

Signature of Supervisor

Date

Review/Revised: 6/4/14

³ LEAVE KEY

E=emergency P=person
H=holiday S=sick
J=jury U=unpaid
M=military/disaster V=vacat
NC=Non Contract Day