Certification of Time for Extended Employment

Each central of Central Office	personnel.		is form to the immediate s			time designated by	
EMPLOYEE'S	NAME: Jay	rewer	Position/Departm	ENT: Superint	indent		
PAY PERIOD I	BEGINNING: JANUA		AY PERIOD ENDING:J	•			
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAV	E TYPE/ AMO	UNT USED ³	
1/7/15		~		NISL	EKU		
1/8/15					NISL- EKN		
1/9/15					•		
1/12/15							
1/13/15	V						
1/14/15				METS Cent	ter- Superio	todent Meeting	
1/15/15						<u> </u>	
1/16/15	~		18,484				
1/19/15							
1/20/15							
1/21/15							
					Annual Control of the		
TOTAL	DAYS WORKED						
I hereby cefffy that this time sheet is a correct statement of 1/20/15 Signature of Employee Date		of actual days worked during this pay period. Signature of Supervisor		Date	3LEAVE KEY E=emergency P=personal H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation		
Review/Revi	sed: 6/4/14					NC=Non Contract Day	

Certification of Time for Extended Employment

Central Office		complete and submit the	nis form to the immediate	supervisor for each particular superior to the		e time designated by
	BEGINNING: DECE		PAY PERIOD ENDING:			
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAV	/E TYPE/ AMO	UNT USED ³
12/22/14	V					
12/23/14	-					
12/24/14				Holidan		
12/25/14				Italiday		
12/26/14						
12/29/14						
12/30/14						
12/31/14				Holiday		
1/1/15				Holiday		
1/2/15				/		
1/5/15						
1/6/15						
TOTAL	DAYS WORKED 7					
Signature of I	Employee	is a correct statement of the state of the s	of actual days worked dun Signature of Super		Date	3LEAVE KEY E=emergency P=personal H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day

<u>Certification of Time for Extended Employment</u>

Central Office p	personnel.		is form to the immediate			the time designated by
EMPLOYEE'S N	NAME: Say BO	ewel	Position/Departm	ENT: Superint	endent	
	BEGINNING: DECE		PAY PERIOD ENDING: _	_DECEMBER 19	9, 2014	
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LI	EAVE TYPE/ AN	AOUNT USED ³
12/8/14		~		KASS	Meeting	bonisville ky
12/9/14						7
12/10/14						
12/11/14	~					
12/12/14						
12/15/14	~					
12/16/14	~					
12/17/14				NISL	EKN	
12/18/14		~		MISL	- EKN	
12/19/14						
			An Arrayan and a second			
TOTALI	DAYS WORKED T					
I hereby certify that this time sheet is a correct stateme 1/18/15 Signature of Employee Date		is a correct statement of Date	nt of actual days worked during this pay period. Signature of Supervisor		d. Date	The state of the s
Review/Revis	sed: 6/4/14					NC=Non Contract Day