

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: Jay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: FEBRUARY 9, 2015 PAY PERIOD ENDING: FEBRUARY 20, 2015

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
2/9/15	✓			
2/10/15	✓			
2/11/15		✓		Regional Superintendent Meeting
2/12/15	✓			
2/13/15	✓			
2/16/15	✓			
2/17/15	✓			
2/18/15	✓			
2/19/15	✓			
2/20/15	✓			
TOTAL DAYS WORKED		10		

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

[Signature]
Signature of Employee

2/19/15
Date

[Signature]
Signature of Supervisor

Date

³LEAVE KEY

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

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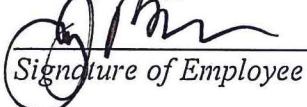
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

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

PAY PERIOD BEGINNING: JANUARY 22, 2015 PAY PERIOD ENDING: FEBRUARY 6, 2015

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
1/22/15	✓			
1/23/15	✓			
1/26/15	✓			
1/27/15		✓		Ext Center High
1/28/15		✓		NISL
1/29/15		✓		NISL
1/30/15	✓			
2/2/15	✓			
2/3/15	✓			
2/4/15	✓			
2/5/15	✓			
2/6/15	✓			
TOTAL DAYS WORKED		12		

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


Signature of Employee

2/19/15
Date

Signature of Supervisor

Date

³LEAVE KEY

E=emergency P=personal
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