

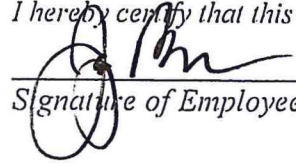
Certification of Time for Extended Employment

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: MARCH 9, 2015 PAY PERIOD ENDING: MARCH 20, 2015

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

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


 Signature of Employee

3/20/15
 Date

Signature of Supervisor

Date

Review/Revised: 6/4/14

³LEAVE KEY

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

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: Sam Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: FEBRUARY 23, 2015 PAY PERIOD ENDING: MARCH 6, 2015

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
2/23/15	✓			Regional Drug Summit - METS
2/24/15	✓			
2/25/15		✓		NISL - EKM
2/26/15		✓		NISL - EKM
2/27/15		✓		KSBA - Louisville
3/2/15	✓			
3/3/15	✓			
3/4/15	✓			
3/5/15	✓			
3/6/15	✓			
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

3/20/15
Date

Signature of Supervisor

Date

³LEAVE KEY

E=emergency P=personal
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