Certification of Time for Extended Employment

| Each central of Central Office | personnel. | Λ | is form to the immediate su | | | e time designated by |
|--|-----------------------|---------------------------|-----------------------------|--------------------------------------|-------|--|
| EMPLOYEE'S | NAME: Jay | Skwe1 | Position/Departmen | IT: <u>Injeriate</u> | ident | |
| PAY PERIOD | BEGINNING: MAY 25 | 5, 2015 PAY PER | RIOD ENDING:JUNE 5, | 2015 | | |
| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ | | UNT USED ³ |
| 5/25/15 | | | | | | 100 |
| 5/26/15 | ~ | | | | | |
| 5/27/15 | ~ | | | | | |
| 5/28/15 | | | | | | H-PO- |
| 5/29/15 | | | | | | 100 |
| 6/1/15 | | | | | | |
| 6/2/15 | V/ | | | | | |
| 6/3/15 | | | | | | |
| 6/4/15 | | | | wearen and the second | | |
| 6/5/15 | | | | | | |
| | | | | | | |
| | | | | Western D. D. Williams | | |
| | | | | | | |
| | | | | | | |
| TOTAL | DAYS WORKED 14 | | | | | |
| | DAYS WORKED 16 | <u>'</u> | | | | |
| I hereby certif | that this time sheet | is a correct statement of | f actual days worked durin | g this pay period. | | 3 <u>LEAVE KEY</u> E=emergency P=personal |
| Signature of Employee Date Signature of Supervisor | | | | | | H=holiday S=sick J=jury U=unpaid |
| Review Kevi | sed: 6/4/14 | | | | | J=jury U=unpaid M=military/disaster V=vacation |
| PERSONNE | L | | | | | NC=Non Contract Day |

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

| | | complete and submit th | is form to the immediate | supervisor for each pa | y period at the | time designated by | |
|----------------|-----------------------|-----------------------------------|--|------------------------|--------------------------------------|---|--|
| Central Office | ^ | | | 0 | 1 , 1 | | |
| EMPLOYEE'S | NAME: Day 1 | render | Position/Departm | ENT: Superia | .tenderA | | |
| PAY PERIOD I | Beginning: June 8 | , 2015 PAY PER | RIOD ENDING:JUNE 2 | 23, 2015 | | | |
| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAV | LEAVE TYPE/ AMOUNT USED ³ | | |
| 6/8/15 | ~ | , | | | | 1 | |
| 6/9/15 | ~ | | | | | | |
| 6/10/15 | V | | | | | | |
| 6/11/15 | | | | | | 77 | |
| 6/12/15 | | | | | 0.000 | | |
| 6/15/15 | | | | | | | |
| 6/16/15 | | | | | | | |
| 6/17/15 | | ~ | | MISL (| EKU) | | |
| 6/18/15 | | | | NISL (| (EKh) | | |
| 6/19/15 | NC | | | | - , | | |
| 6/22/15 | | | | | | | |
| 6/23/15 | | | | | | | |
| | | | | | | | |
| | | | *************************************** | | | | |
| TOTAL | DAYS WORKED | | | | | | |
| myn | Employee | is a correct statement (O Date | of actual days worked dur 5 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 | |