

Certification of Time for Extended Employment

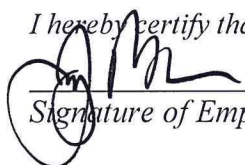

Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

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

PAY PERIOD BEGINNING: JUNE 24, 2015 PAY PERIOD ENDING: JULY 6, 2015

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
6/24/15	NC			
6/25/15	NC			
6/26/15	NC			
6/29/15	NC			
6/30/15	NC			
7/1/15	NC			
7/2/15	NC ✓			
7/3/15	Holiday			
7/6/15	✓			
TOTAL DAYS WORKED		2		

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

Signature of Employee Date 7/20/15 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	