## 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: $\qquad$ Brewed $\qquad$ Position/Department: Superintendent
Pay Period Beginning: July 7, 2015 $\qquad$ Pay Period Ending: $\qquad$ JULY 21, 2015 $\qquad$


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


| ${ }^{3}$ LEAVE |  |
| :--- | :--- |
| ELY |  |
| E=emergency | $\mathrm{P}=$ personal |
| $\mathrm{H}=$ holiday | $\mathrm{S}=$ sick |
| $\mathrm{J}=$ jury | $\mathrm{U}=$ unpaid |
| M=military/disaster | $\mathrm{V}=$ 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: $\qquad$
 Position/Department: Superintendent
Pay Period Beginning: July 22, 2015 $\qquad$ Pay Period Ending: $\qquad$ AUGUST 7, 2015 $\qquad$



