Certification of Time for Extended Employment

Central Office	personnel.			rvisor for each pay period at the	e time designated by
EMPLOYEE'S	NAME: 5mg 1	15/ewel	POSITION/DEPARTMENT:	Superintendent	
			OD ENDING:JULY 21, 201		
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMO	UNT USED ³
7/7/15					
7/8/15					
7/9/15					
7/10/15					
7/13/15	~				
7/14/15	V				
7/15/15		~		KASA Retreat	- Louisville
7/16/15		V		KASA Retrat	Louisville
7/17/15				KASA Retreat	Losisville
7/20/15	~				
7/21/15	7/21/15			Disgnostic Training Leavington	
					,
TOTAL I	DAYS WORKED 1				
I hereby certify that this time sheet is a correct statement of Signature of Employee Review/Revised: 4/6/15			f actual days worked during th 		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 of Central Office			is form to the immediate su		•	time designated by	
	NAME:	(Grewer	Position/Departmen	NT: Superin	tendent		
PAY PERIOD I	BEGINNING: JULY 2		RIOD ENDING:AUGUST				
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAV	E TYPE/ AMOU	UNT USED³	
7/22/15							
7/23/15							
7/24/15	~						
7/27/15	~						
7/28/15	~						
7/29/15	~						
7/30/15							
7/31/15							
8/3/15							
8/4/15							
8/5/15							
8/6/15							
8/7/15							
TO8/17/14TAL	DAYS WORKED /)		,			
I hereby cefulty that this time sheet is a correct statement of Signature of Employee Review/Revised: 4/6/15			factual days worked during this pay period. Signature of Supervisor			H=holiday S=sid	npaid