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: AUGUST 10, 2015_____ **PAY PERIOD ENDING:** ___AUGUST 21, 2015___

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
8/10/15	✔			
8/11/15	✔			
8/12/15	✔			
8/13/15	✔			
8/14/15	✔			
8/17/15	✔			
8/18/15	✔			
8/19/15		✔		Regional Superintendent Meeting - Gateway
8/20/15	✔			
8/21/15	✔			

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   *Date*   *Signature of Supervisor*   *Date*

[3]LEAVE KEY

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

Review/Revised: 4/6/15

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: AUGUST 24, 2015_____ PAY PERIOD ENDING: ___SEPTMBER 4, 2015___

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
8/24/15	✔			
8/25/15	✔			
8/26/15	✔			
8/27/15	✔			
8/28/15	✔			
8/31/15	✔			
9/1/15	✔			
9/2/15	✔			
9/3/15	✔			
9/4/15	✔			

TOTAL DAYS WORKED	10

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

_____ 9/18/15 _____ _____
Signature of Employee *Date* *Signature of Supervisor* *Date*

Review/Revised: 4/6/15

[3]LEAVE KEY	
E=emergency	P=personal
H=holiday	S=sick
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