

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: NOVEMBER 16, 2015 PAY PERIOD ENDING: DECEMBER 4, 2015

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
11/16/15	✓			
11/17/15	✓			
11/18/15		✓		Early Childhood Summit - Lexington Kentucky
11/19/15	✓			
11/20/15	✓			
11/23/15	✓			
11/24/15	✓			
11/25/15	✓			
11/26/15				Holiday
11/27/15				NC
11/30/15	✓			
12/1/15	✓			
12/2/15		✓		N. Ky Drug Task Force - Triple Crown
12/3/15	✓			
12/4/15		✓		KASC - Growth Mindset
TOTAL DAYS WORKED				

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


Signature of Employee

12/11/15
Date

Signature of Supervisor

Date

Review/Revised: 4/6/15

³ LEAVE KEY	
E=emergency	P=personal
H=holiday	S=sick
J=jury	U=unpaid
M=military/disaster	V=vacation
NC=Non Contract Day	