<u>Certification of Time for Extended Employment</u>

Each central of Central Office		complete and submit t	this form to the immediate	supervisor for each pay	period at the	time designated by		
EMPLOYEE'S	NAME: Jay	brewe/	Position/Department: Superintendent					
PAY PERIOD I	BEGINNING: DECE	MBER 7 <u>, 2015</u>	PAY PERIOD ENDING: _	V				
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE	LEAVE TYPE/ AMOUNT USED ³			
12/7/15		KASS	Louisville	KAS	55 - Loni	rvi)/e		
12/8/15	~							
12/9/15		~	Grteway	Regional	Superio tea	dent Meeting		
12/10/15				1	ų ,			
12/11/15	~							
12/14/15	~							
12/15/15	~							
12/16/15	~							
12/17/15		×						
12/18/15	V							
TOTAL	DAYS WORKED 10							
I hereby cartify Signature of I Review/Revis	Employee	is a correct statement \frac{1000}{Date}	of actual days worked du Signature of Super		Date	H=holiday S=si	ınpaid	

Certification of Time for Extended Employment

		Cortification	of time for Extend	ed Employment	=		
Each central of Central Office		complete and submit t	this form to the immediate s				
EMPLOYEE'S NAME: Jay Blenes			Position/Department: Superior Pay Period Ending: JANUARY 8, 2		tenden)		
	BEGINNING: DECE		PAY PERIOD ENDING:	_JANUARY 8 <u>, 201</u>	16		
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAV	VE TYPE/ AMOUNT USED ³		
12/21/15	/						
12/22/15							
12/23/15							
12/24/15	Holiday			4			
12/25/15	Italiday						
12/28/15	V.						
12/29/15							
12/30/15							
12/31/15	Holiday						
1/1/16	Holiday						
1/4/16	~ /						
1/5/16							
1/6/16							
1/7/16							
1/8/16							
TOTAL I	DAYS WORKED						
I hereby contify that this time sheet is a correct statement Signature of Employee Review/Revised: 4/6/15						³ LEAVE E=emergency H=holiday J=jury M=military/disast NC=Non Contract	P=personal S=sick U=unpaid er V=vacation