

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 Blewett POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JANUARY 11, 2016 PAY PERIOD ENDING: JANUARY 22, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
1/11/16	✓			
1/12/16	✓			
1/13/16		✓		Superintendent Meeting at Gateway
1/14/16	✓			
1/15/16	✓			
1/18/16	H			Holiday
1/19/16	✓			
1/20/16	✓			
1/21/16	✓			
1/22/16	✓			
TOTAL DAYS WORKED		9		

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

[Signature]  
Signature of Employee

2/22/16  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Review/Revised: 4/6/15

<sup>3</sup>LEAVE KEY

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

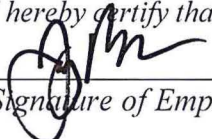
**Certification of Time for Extended Employment**

Each central 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: JANUARY 25, 2016 PAY PERIOD ENDING: FEBRUARY 5, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
1/25/16	✓			
1/26/16	✓			
1/27/16	✓			
1/28/16	✓			
1/29/16	✓			
2/1/16	✓			
2/2/16	✓			
2/3/16	✓			
2/4/16	✓			
2/5/16	✓			
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

2/22/16  
 Date

Signature of Supervisor

Date

Review/Revised: 4/6/15

**<sup>3</sup>LEAVE KEY**

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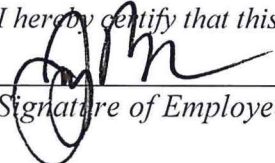
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jan Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: FEBRUARY 8, 2016 PAY PERIOD ENDING: FEBRUARY 19, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
2/8/16	✓			
2/9/16	✓			
2/10/16		✓		AASA Conference
2/11/16		✓		AASA Conference
2/12/16		✓		AASA Conference
2/15/16	✓			
2/16/16	✓			
2/17/16	✓ 1/2	✓ 1/2		Frankfort Budget Presentation
2/18/16	✓			
2/19/16		✓		Gateway ISLN/Airport Governor Brian Chamber Commerce
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

2/22/16  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

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