

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: FEBRUARY 22, 2016 PAY PERIOD ENDING: MARCH 4, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
2/22/16	✓			
2/23/16		✓		FRANKFORT - CCLD + Home Presentation
2/24/16	✓			
2/25/16	✓			
2/26/16	✓			
2/29/16	✓			
3/1/16	✓			
3/2/16	✓			
3/3/16	✓			
3/4/16	✓			
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

3/21/16
Date

Signature of Supervisor

Date

Review/Revised: 4/6/15

³LEAVE KEY

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

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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: Jay BREWER POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: MARCH 7, 2016 PAY PERIOD ENDING: MARCH 18, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
3/7/16	✓			
3/8/16	✓			
3/9/16		✓		Regional Co-Op Meeting Gateway
3/10/16	✓			
3/11/16	✓			
3/14/16	✓			
3/15/16	✓			
3/16/16	✓			
3/17/16	✓			
3/18/16	✓			
TOTAL DAYS WORKED				

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

[Signature]
Signature of Employee

3/21/16
Date

Signature of Supervisor

Date

³LEAVE KEY

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