

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: APRIL 4, 2016 PAY PERIOD ENDING: APRIL 22, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
4/4/16	NC			
4/5/16	NC			
4/6/16	NC			
4/7/16	NC			
4/8/16	NC			
4/11/16	✓			
4/12/16	✓			
4/13/16	✓			
4/14/16	✓			
4/15/16	✓			
4/18/16	✓			
4/19/16	✓			
4/20/16		✓		Frankfort - Program Review
4/21/16	✓			
4/22/16	✓			
TOTAL DAYS WORKED		10		

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

[Signature]
Signature of Employee

4/25/16
Date

Signature of Supervisor

Date

³LEAVE 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 Blawie POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: MARCH 21, 2016 PAY PERIOD ENDING: APRIL 1, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
3/21/16	✓			
3/22/16	✓			
3/23/16	✓			
3/24/16	✓			
3/25/16	✓			
3/28/16	✓			
3/29/16	✓			
3/30/16	✓			
3/31/16	✓			
4/1/16	✓			
TOTAL DAYS WORKED		16		

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

Jay Blawie
Signature of Employee

4/25/16
Date

Signature of Supervisor

Date

Review/Revised: 4/6/15

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E=emergency	P=personal
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