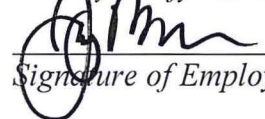# Certification of Time for Extended Employment

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 25, 2016 PAY PERIOD ENDING: MAY 6, 2016

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED[3] |
|---|---|---|---|---|
| 4/25/16 | ✓ | | | |
| 4/26/16 | ✓ | | | |
| 4/27/16 | ✓ | | | |
| 4/28/16 | ✓ | | | |
| 4/29/16 | ✓ | | | |
| 5/2/16 | | ✓ | Frankfort | Superintendent Summit |
| 5/3/16 | ✓ | | | |
| 5/4/16 | ✓ | | | |
| 5/5/16 | ✓ | | | |
| 5/6/16 | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL DAYS WORKED | 10 | | | |

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

_____        5/23/16        _____        _____
*Signature of Employee*              *Date*        *Signature of Supervisor*              *Date*

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

Review/Revised: 4/6/15

# 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: MAY 9, 2016     PAY PERIOD ENDING: MAY 20, 2016

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED[3] |
|---|---|---|---|---|
| 5/9/16 | ✓ | | | |
| 5/10/16 | ✓ | | | |
| 5/11/16 | | ✓ | | NKCES Regional Superintendent Meeting |
| 5/12/16 | ✓ | | | |
| 5/13/16 | ✓ | | | |
| 5/16/16 | ✓ | | | |
| 5/17/16 | ✓ | | | |
| 5/18/16 | ✓ | | | |
| 5/19/16 | ✓ | | | |
| 5/20/16 | ✓ | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| TOTAL DAYS WORKED | 10 |
|---|---|

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

_____     5/23/16     _____     _____
*Signature of Employee*     *Date*     *Signature of Supervisor*     *Date*

| [3]LEAVE KEY | |
|---|---|
| E=emergency | P=personal |
| H=holiday | S=sick |
| J=jury | U=unpaid |
| M=military/disaster | V=vacation |
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Review/Revised: 4/6/15