

### 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 23, 2016 PAY PERIOD ENDING: JUNE 3, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
5/23/16	✓			
5/24/16	✓			
5/25/16	✓			
5/26/16	✓			
5/27/16	✓			
5/30/16	Holiday			
5/31/16	<del>work</del>	✓		Elizabethtown KASS Accountability
6/1/16	✓			
6/2/16	<del>work</del>	✓		KOE Frankfurt Accountability Steering Com
6/3/16	✓			
TOTAL DAYS WORKED				

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

  
Signature of Employee

6/1/16  
Date

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

\_\_\_\_\_  
Date

Review/Revised: 4/6/15

PERSONNEL

#### <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	