<u>Certification of Time for Extended Employment</u>

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 N	NAME: Jay B	icwe/	POSITION/DEPARTM	MENT: Super: ntende.	<u>nt</u>	
PAY PERIOD E	BEGINNING: JUNE 6	2016 PAY PER	IOD ENDING:JUNE			
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYP	E/ AMOUNT USED ³	
6/6/16						
6/7/16						
6/8/16				NACES Syperia	tendent Meeting	
6/9/16	-					
6/10/16						
6/13/16	~					
6/14/16	-					
6/15/16		\checkmark		Superintendent Trainin	n KASA	
6/16/16		\checkmark		Superintendent Trainin NKCES Board Ret	int	
6/17/16		\checkmark		NKCES Board A	etter}	
6/20/16	MAR NC					
6/21/16	MAR NC					
6/22/16	MAN NC					
6/23/16	NC					
6/24/16	NC					
TOTAL I	DAYS WORKED ID)			. •	
I hereby certify Signature of E	γ	is a correct statement o 7/26/1 Date	f actual days worked du 		ate M=military/disaster V=vacat	id

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:	JUNE 27, 2016	PAY PERIOD ENDING:	JULY 8, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
6/27/16	NC -			
6/28/16	V Mars			
6/29/16	V MOME -			
6/30/16	V Kinge -			
7/1/16	VANNA -			
7/4/16	Holiday			
7/5/16	~			
7/6/16	~			
7/7/16				
7/8/16				
TOTAL	DAYS WORKED	8		

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

me Signat of Employee

7/26/16 _

Signature of Supervisor

Date

³LEAVE KEY

E=emergencyP=personalH=holidayS=sickJ=juryU=unpaidM=military/disasterV=vacationNC=Non Contract Day

03.121 AP.23

Review/Revised: 4/21/16

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: _	Jey	Brewer	POSITION/D	EPARTMENT:	Superintendent
PAY PERIOD BEGINNI	NG: JUL	Y 11, 2016	PAY PERIOD ENDING:	JULY 22, 2016	l l

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
7/11/16	~			
7/12/16	~			
7/13/16				Ky. Kids Conference - Louisville
7/14/16				1
7/15/16				
7/18/16	~			
7/19/16	~			
7/20/16	KASA -	- Retreate		
7/21/16	KASA -	- Retreat v		
7/22/16	KASA -	- Retreat L		
TOTAL I	TOTAL DAYS WORKED			

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

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Signa e of Employee

Signature of Supervisor

³LEAVE KEY E=emergency P=personal H=holiday S=sick

Date

J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day

03.121 AP.23

Review/Revised: 4/21/16