

**Certification of Time for Extended Employment**

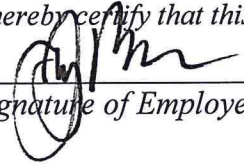
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JULY 25, 2016 PAY PERIOD ENDING: AUGUST 5, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
7/25/16		✓		Accountability Steering Com. Frankfurt
7/26/16	✓			
7/27/16	✓			
7/28/16		✓		Superintendent Advisory Council Frankfurt
7/29/16	✓			
8/1/16	✓			
8/2/16	✓			
8/3/16	✓			
8/4/16	✓			
8/5/16	✓			
TO8/17/14TAL 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

8/24/16  
Date

Signature of Supervisor

Date

Review/Revised: 4/21/16

**<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

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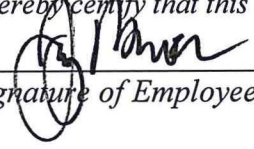
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: AUGUST 8, 2016 PAY PERIOD ENDING: AUGUST 19, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
8/8/16	✓			
8/9/16	✓			
8/10/16	✓			
8/11/16	✓			
8/12/16	✓			
8/15/16	✓			
8/16/16	✓			
8/17/16	✓			
8/18/16	✓			
8/19/16	✓			
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

8/24/16  
Date

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

\_\_\_\_\_  
Date

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