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: AUGUST 22, 2016____ PAY PERIOD ENDING: ___SEPTEMBER 2, 2016____

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
8/22/16		✓	Frankfort	Accountability Steering Committee
8/23/16	✓			
8/24/16	✓			
8/25/16	✓			
8/26/16	✓			
8/29/16	✓			
8/30/16	✓			
8/31/16	✓			
9/1/16	✓			
9/2/16	✓			

TOTAL DAYS WORKED	10

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

_____ 9/26/16 _____ _____
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: 4/21/16

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: _Jay Brewer_   **POSITION/DEPARTMENT:** _Superintendent_

PAY PERIOD BEGINNING: SEPTEMBER 5, 2016   **PAY PERIOD ENDING:** SEPTEMBER 16, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
9/5/16	✓			
9/6/16	✓			
9/7/16	✓			Chamber Meeting
9/8/16	✓			
9/9/16	✓			
9/12/16	✓			
9/13/16	✓			
9/14/16		✓	NKCES - Sullivan University	
9/15/16	✓			
9/16/16		✓	Frankfort	Accountability Steering Com
TOTAL DAYS WORKED				

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

_____   9/21/16   _____   _____
Signature of Employee   Date   Signature of Supervisor   Date

Review/Revised: 4/21/16