

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 19, 2016 PAY PERIOD ENDING: SEPTEMBER 30, 2016

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ |
|-------------------|--------------------|---------------------|-----------------|--|
| 9/19/16 | | ✓ | Lexington | Priority School Summit |
| 9/20/16 | | ✓ | Lexington | Priority School Summit |
| 9/21/16 | ✓ | | | |
| 9/22/16 | ✓ | | | |
| 9/23/16 | ✓ | | | |
| 9/26/16 | ✓ | | | |
| 9/27/16 | ✓ | | | |
| 9/28/16 | ✓ | on | ← Fort Thomas | Future Ready Conference |
| 9/29/16 | | ✓ | ← Frankfort | Care Life Meeting w/ Public Health Com |
| 9/30/16 | | ✓ | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL DAYS WORKED | | 10 | | |

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

[Signature]
 Signature of Employee

10/21/16
 Date

 Signature of Supervisor

 Date

Review/Revised: 4/21/16

³LEAVE 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: OCTOBER 3, 2016 PAY PERIOD ENDING: OCTOBER 14, 2016

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ |
|-------------------|--------------------|---------------------|-----------------|--------------------------------------|
| 10/3/16 | ✓ | | | |
| 10/4/16 | ✓ | | | |
| 10/5/16 | ✓ | | | |
| 10/6/16 | ✓ | | | |
| 10/7/16 | ✓ | | | |
| 10/10/16 | ✓ | | | |
| 10/11/16 | ✓ | | | |
| 10/12/16 | | ✓ | Frankfort | Accountability Steering Committee |
| 10/13/16 | | ✓ | | |
| 10/14/16 | | ✓ | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL DAYS WORKED | | 10 | | |

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Signature of Employee

10/21/16
Date

Signature of Supervisor

Date

Review/Revised: 4/21/16

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