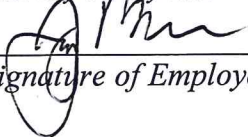# Certification of Time for Extended Employment

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: OCTOBER 17, 2016   PAY PERIOD ENDING: OCTOBER 31, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
10/17/16	✓			
10/18/16	✓			
10/19/16		✓		NKCES Board Meeting - Gateway
10/20/16	✓			
10/21/16	✓			KASA Presentation - Frankfort
10/24/16	✓			
10/25/16		✓		Superintendent Advisory Comm
10/26/16	✓			
10/27/16	✓			
10/28/16	✓			
10/31/16	✓			

TOTAL DAYS WORKED	11

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

_____   11/13/16   _____
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
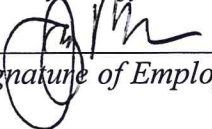NC=Non Contract Day

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: NOVEMBER 1, 2016   PAY PERIOD ENDING: ___NOVEMBER 14, 2016___

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
11/1/16	✓			
11/2/16		✓		Accountability Steering Comm.
11/3/16	✓			
11/4/16	✓			
11/7/16	✓			
11/8/16	✓			
11/9/16		✓		NKCES Board Meeting
11/10/16	✓			
11/11/16	✓			
11/14/16	✓			

TOTAL DAYS WORKED	10

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

_____   11/13/16   _____   _____
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	