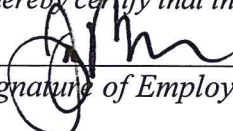PERSONNEL

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 15, 2016 PAY PERIOD ENDING: DECEMBER 2, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
11/15/16	✓			
11/16/16	✓			Save the
11/17/16	~~✓~~	✓		Kids Conference — Tenn
11/18/16		✓		" " — Tenn.
11/21/16	✓			
11/22/16	✓			
11/23/16	✓			
11/24/16	H			Thanksgiving
11/25/16	NC			Non-contract
11/28/16		✓	Frankfort	Charter School Meeting
11/29/16	✓			
11/30/16	✓			
12/1/16	✓			
12/2/16	✓			

TOTAL DAYS WORKED	11

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

Signature of Employee   12/16/16 _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