


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: DECEMBER 22, 2016 PAY PERIOD ENDING: JANUARY 6, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
12/22/16	✓			
12/23/16				Holiday
12/26/16				Holiday
12/27/16	✓			
12/28/16	✓			
12/29/16	✓			
12/30/16				Holiday
1/2/17				Holiday
1/3/17	✓			
1/4/17	✓			
1/5/17	✓ 1/2	✓ 1/2	Frankfurt	KSBA Lead Advocacy
1/6/17	✓			
TOTAL DAYS WORKED		8		

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


 Signature of Employee

1/25/17
 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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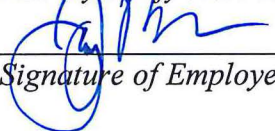
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

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

PAY PERIOD BEGINNING: DECEMBER 5, 2016 PAY PERIOD ENDING: DECEMBER 21, 2016

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
12/5/16	work	✓	Lexington	KASS Conf.
12/6/16		✓	Lexington	KASS Conf.
12/7/16		✓	Lexington	KASS Conf.
12/8/16	✓			
12/9/16	✓			
12/12/16	✓			
12/13/16	✓			
12/14/16		✓	Alexandria	NKCES meeting
12/15/16	✓			
12/16/16	✓			
12/19/16	✓			
12/20/16	✓			
12/21/16	✓			
TOTAL DAYS WORKED		13		

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


Signature of Employee

12/17
Date

Signature of Supervisor

Date

Review/Revised: 4/21/16

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