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:	Superin-	tendent	-

PAY PERIOD BEGINNING: MARCH 21, 2017 PAY PERIOD ENDING: _____APRIL 3, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
3/21/17	4			
3/22/17				
3/23/17				Chamber Commerce Retrant
3/24/17				
3/27/17	~			
3/28/17	-			
3/29/17				
3/30/17	~			
3/31/17	NC			
4/3/17	NC			
TOTAL DAYS WORKED				

I hereby partify that this time sheet is a co	³ LEAVE KEY				
ty own	_ 4/a5/17_			E=emergency H=holiday	P=personal S=sick
Signature of Employee	Date	Signature of Supervisor	Date	J=jury	U=unpaid
				M=military/disaste	
Review/Revised: 4/21/16				NC=Non Contract	Day

PERSONNEL

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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	Grewer	POSITION/DEPARTMENT:	Superintendent
PAY PERIOD BEGINNING	APRIL 4,	2017	PAY PERIOD ENDING: APRIL 14, 2017	

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
4/4/17	NC			
4/5/17	NC			
4/6/17	MC			
4/7/17	NC			
4/10/17				
4/11/17	~			
4/12/17				NKCES Monrod Meeting
4/13/17				5
4/14/17	-			
				*
			*	
TOTAL	DAYS WORKED			

I hereby vertify that this time sheet is a correct statement of actual days worked during this pay period. ³LEAVE KEY E=emergency **P**=personal H=holiday S=sick Signature of Supervisor Signature of Employee Date J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day Review/Revised: 4/21/16

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