

Certification of Time for Extended Employment

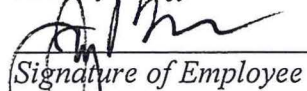
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

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

PAY PERIOD BEGINNING: MAY 15, 2017 PAY PERIOD ENDING: MAY 26, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
5/15/17	✓			
5/16/17	✓			
5/17/17	✓			
5/18/17	✓			
5/19/17	✓			
5/22/17	✓			
5/23/17	✓			
5/24/17	✓			
5/25/17	✓			
5/26/17	✓			
TOTAL DAYS WORKED		10		

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


Signature of Employee

5/31/17
Date

Signature of Supervisor

Date

³LEAVE 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