

**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 Clewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JUNE 19, 2017 PAY PERIOD ENDING: JULY 7, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
6/19/17	✓			
6/20/17	✓			
6/21/17	✓			
6/22/17	✓			
6/23/17	✓			
6/26/17	NC			
6/27/17	NC			
6/28/17	NC			
6/29/17	NC			
6/30/17	NC			
7/3/17	✓			
7/4/17	Holiday			
7/5/17	✓			
7/6/17	✓			
7/7/17	✓			
TOTAL DAYS WORKED		9		

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

[Signature]  
Signature of Employee

7/24/17  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**<sup>3</sup>LEAVE KEY**

E=emergency P=personal  
H=holiday S=sick  
J=jury U=unpaid  
M=military/disaster V=vacation  
NC=Non Contract Day

### Certification of Time for Extended Employment

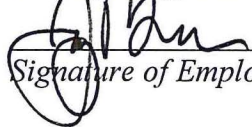
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

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

PAY PERIOD BEGINNING: JULY 10, 2017 PAY PERIOD ENDING: JULY 21, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
7/10/17	✓			
7/11/17	✓			
7/12/17		✓		KEAT Advocacy Meeting
7/13/17	✓			
7/14/17	✓			
7/17/17	✓			
7/18/17	✓			
7/19/17	✓			(Ding Free Clubs Meeting)
7/20/17	✓			
7/21/17	✓			
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

7/24/17  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

#### <sup>3</sup>LEAVE KEY

E=emergency	P=personal
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