

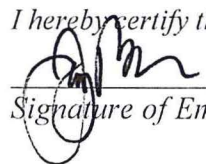
Certification of Time for Extended Employment

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 29, 2017 PAY PERIOD ENDING: JUNE 15, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
5/29/17	✓			
5/30/17	✓			
5/31/17	✓			
6/1/17	✓			
6/2/17	✓			
6/5/17	✓			
6/6/17	✓			
6/7/17		✓		NKCES Inspired Leadership
6/8/17	✓			
6/9/17	NC			
6/12/17	✓			
6/13/17	✓			
6/14/17	✓			
6/15/17		✓		NKCES Retreat Louisville
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

6/19/17
 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	