

Certification of Time for Extended Employment

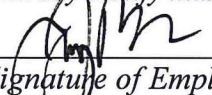
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jay B. Benter POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JULY 24, 2017 PAY PERIOD ENDING: AUGUST 4, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
7/24/17	✓			
7/25/17	✓			
7/26/17		✓		KASA - Leadership Retreat
7/27/17		✓		KASA - Leadership Retreat
7/28/17		✓		KASA - Leadership Retreat
7/31/17	✓			
8/1/17	✓			
8/2/17	✓			
8/3/17	✓			
8/4/17	✓			
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

8/21/17
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	

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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: AUGUST 7, 2017 PAY PERIOD ENDING: AUGUST 18, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
8/7/17	✓			
8/8/17	✓			
8/9/17		✓		NKCES Board Meeting
8/10/17	✓			
8/11/17		✓		Ky Court of Quality Study Perchmal - Lexington
8/14/17	✓			
8/15/17	✓			
8/16/17	✓			
8/17/17	✓			
8/18/17	✓			
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

8/21/17
Date

Signature of Supervisor

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