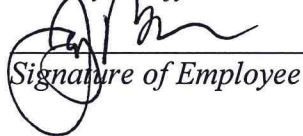## Certification of Time for Extended Employment

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: AUGUST 21, 2017____ PAY PERIOD ENDING: ___SEPTEMBER 1, 2017___

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
8/21/17	✓			
8/22/17	✓			
8/23/17		✓		KOE Board Meeting
8/24/17	✓			
8/25/17		✓		Early Childhood Symposium
8/28/17	✓			
8/29/17	✓			
8/30/17		✓		Early Childhood Prof. Learning Com.
8/31/17	✓			
9/1/17	✓			

TOTAL DAYS WORKED	10

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

_____   9/22/17 _____
Signature of Employee   Date   Signature of Supervisor   Date

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

Review/Revised: 3/16/17

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: SEPTEMBER 4, 2017　　PAY PERIOD ENDING: ___SEPTEMBER 15, 2017___

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
9/4/17	✓			
9/5/17	✓			
9/6/17	✓			
9/7/17	✓			
9/8/17	✓			
9/11/17	✓			
9/12/17	✓			
9/13/17		✓		NKCES Board Meeting
9/14/17	✓			
9/15/17	✓			

TOTAL DAYS WORKED	10

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

_____　　9/22/17　　_____　　_____
Signature of Employee　　　　　　　Date　　　　Signature of Supervisor　　　　　　　Date

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

Review/Revised: 3/16/17