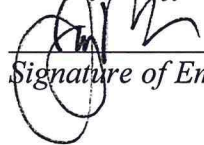# Certification of Time for Extended Employment

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 18, 2017   PAY PERIOD ENDING: ___SEPTEMBER 29, 2017___

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
9/18/17		✓		Continuous Improvement Summit
9/19/17		✓		Continuous Improvement Summit
9/20/17	✓			
9/21/17	✓			
9/22/17	✓			
9/25/17	✓			
9/26/17	✓			
9/27/17	✓			
9/28/17	✓			
9/29/17	✓			

TOTAL DAYS WORKED	10

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

_____   10/24/17   _____   _____
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 Brenn_ POSITION/DEPARTMENT: _Superintendent_

PAY PERIOD BEGINNING: OCTOBER 2, 2017_____ PAY PERIOD ENDING: ___OCTOBER 13, 2017____

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
10/2/17	✓			
10/3/17	✓			
10/4/17	✓			
10/5/17	✓			
10/6/17	✓			
10/9/17	✓			
10/10/17	✓			
10/11/17	✗	✓		NKCES Board Meeting
10/12/17	✗	✓		Systems Training
10/13/17	✓			

TOTAL DAYS WORKED	10

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

_____ 10/24/17 _____ _____
Signature of Employee   *Date*   *Signature of Supervisor*   *Date*

Review/Revised: 3/16/17