

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 Blevins POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: OCTOBER 16, 2017 PAY PERIOD ENDING: NOVEMBER 3, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
10/16/17	✓			
10/17/17	✓			
10/18/17	✓			
10/19/17		✓		KASA - New Super Training
10/20/17	✓			
10/23/17	✓			
10/24/17	✓			
10/25/17	✓			Council of Commerce
10/26/17	✓			
10/27/17	✓			
10/30/17	✓			
10/31/17		✓		NKCES - County
11/1/17	✓			
11/2/17	✓			
11/3/17	✓			
TOTAL DAYS WORKED		15		

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


Signature of Employee

11/13/17
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