

Certification of Time for Extended Employment

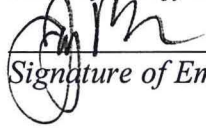
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: JAY MAEWEA POSITION/DEPARTMENT: SUPRE INTENDENT

PAY PERIOD BEGINNING: NOVEMBER 6, 2017 PAY PERIOD ENDING: NOVEMBER 17, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
11/6/17	✓			
11/7/17	✓			
11/8/17		✓		NKCES Board Meeting
11/9/17	✓			
11/10/17	NC			Non-contract
11/13/17		✓		Ding Free Club Presentation - Legislative Comm.
11/14/17		✓		Education Forum for Ind. Schools
11/15/17		✓		WKY Ed. Council Summit
11/16/17	✓			
11/17/17	✓			
TOTAL DAYS WORKED		9		

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


Signature of Employee

12/13/17
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

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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 Brinker POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: NOVEMBER 20, 2017 PAY PERIOD ENDING: DECEMBER 1, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
11/20/17	✓			
11/21/17	✓			
11/22/17	✓			
11/23/17	✓			
11/24/17	✓			
11/27/17	✓			
11/28/17	✓	✓		AESA Conference / District
11/29/17		✓		AESA Conference
11/30/17		✓		AESA Conference
12/1/17		✓		AESA Conference
TOTAL DAYS WORKED				

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

[Signature]
Signature of Employee

12/13/17
Date

Signature of Supervisor

Date

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