<u>Certification of Time for Extended Employment</u>

Each central office		omplete and submit the	his form to the immediate	supervisor for each pay	period at the	time designated by
EMPLOYEE'S N	NAME: Jay	sewer	POSITION/DEPARTM	IENT: Superinten	ident	
PAY PERIOD B	BEGINNING: DECE	MBER 4, 2017	PAY PERIOD ENDING: _	DECEMBER 20 <u>, 20</u>	17	
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE	TYPE/ AMOU	INT USED ³
12/4/17						
12/5/17						
12/6/17	~					
12/7/17						
12/8/17		-		Ignite meeting	Doone Co	
12/11/17				KASS Lexington	^	
12/12/17				KASS Lexingto	M	
12/13/17				,		
12/14/17						
12/15/17						
12/18/17	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				~	
12/19/17	~					
12/20/17	~					
TOTAL	DAYS WORKED 13					
I hereby partify	that this time sheet i	s a correct statement 1/19/18	of actual days worked du	ring this pay period.		³ LEAVE KEY E=emergency P=personal
Signature of Employee Date		Signature of Supervisor Date		Date	H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation	
Review/Revis	ed: 3/16/17					NC=Non Contract Day

<u>Certification of Time for Extended Employment</u>

Each central of Central Office		complete and submit t	his form to the immediate s			time designated by	
EMPLOYEE'S N	NAME: Jay ()	rewer	POSITION/DEPARTMI	ENT: Superinte	ndent		
PAY PERIOD E	BEGINNING: DECE	MBER 21 <u>, 2017</u>	PAY PERIOD ENDING: _	V			
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE	AVE TYPE/ AMOUNT USED ³		
12/21/17							
12/22/17	NC			Non Contra	et		
12/25/17	Hotiday	_					
12/26/17	Hotiday						
12/27/17	NC '						
12/28/17							
12/29/17	Holiday						
1/1/18	Holiday				MEATING.		
1/2/18	V.						
1/3/18							
1/4/18							
1/5/18							
TOTAL I	DAYS WORKED (C	>					
I hereby centify that this time sheet is a correct statement of Signature of Employee Review/Revised: 3/16/17			of actual days worked during this pay period. Signature of Supervisor		Date	3 <u>LEAVE KEY</u> E=emergency P=personal H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day	

<u>Certification of Time for Extended Employment</u>

Central Office : EMPLOYEE'S I	personnel. NAME: Tay ()	Yewed	is form to the immediate s	ENT: Superinte		e time designated by
PAY PERIOD I	BEGINNING: JANUA	ARY 8, 2018 PA	AY PERIOD ENDING:J	JANUARY 19 <u>, 2018</u>		
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVI	E TYPE/ AMO	UNT USED ³
1/8/18						
1/9/18						
1/10/18	~					
1/11/18	\(\sigma\)					
1/12/18						
1/15/18	Holiday					
1/17/18	~					
1/18/18						
1/19/18	~					
TOTAL I	DAYS WORKED 9					
I hereby certify that this time sheet is a corresignature of Employee Review/Revised: 3/16/17		s a correct statement of Land 1980 Date	statement of actual days worked during this pay period. 14 18		Date	3LEAVE KEY E=emergency P=personal H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day
1001000/100015	. J. 10/17					-