

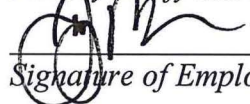
Certification of Time for Extended Employment

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 Blewer POSITION/DEPARTMENT: Superintendent
 PAY PERIOD BEGINNING: DECEMBER 4, 2017 PAY PERIOD ENDING: DECEMBER 20, 2017

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
12/4/17	✓			
12/5/17	✓			
12/6/17	✓			
12/7/17	✓			
12/8/17	✓	✓		Ignite meeting Boone Co.
12/11/17		✓		KASS Lexington
12/12/17		✓		KASS Lexington
12/13/17	✓			
12/14/17	✓			
12/15/17	✓			
12/18/17	✓			
12/19/17	✓			
12/20/17	✓			
TOTAL DAYS WORKED		13		

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


 Signature of Employee

1/19/18
 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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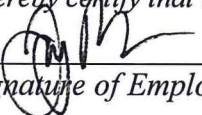
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jay Blewett POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: DECEMBER 21, 2017 PAY PERIOD ENDING: JANUARY 5, 2018

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
12/21/17	✓			
12/22/17	NC			Non Contract
12/25/17	Holiday			
12/26/17	Holiday			
12/27/17	NC			
12/28/17	✓			
12/29/17	Holiday			
1/1/18	Holiday			
1/2/18	✓			
1/3/18	✓			
1/4/18	✓			
1/5/18	✓			
TOTAL DAYS WORKED		6		

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


Signature of Employee

1/19/18
Date

Signature of Supervisor

Date

Review/Revised: 3/16/17

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EMPLOYEE'S NAME: Jay Biewel POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JANUARY 8, 2018 PAY PERIOD ENDING: JANUARY 19, 2018

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
1/8/18	✓			
1/9/18	✓			
1/10/18	✓			
1/11/18	✓			
1/12/18	✓			
1/15/18	Holiday			
1/16/18	✓			
1/17/18	✓			
1/18/18	✓			
1/19/18	✓			
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

1/19/18
Date

Signature of Supervisor

Date

Review/Revised: 3/16/17

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