

**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: Jon Blender POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JANUARY 22, 2018 PAY PERIOD ENDING: FEBRUARY 2, 2018

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
1/22/18	✓			
1/23/18	✓			
1/24/18	✓			
1/25/18	✓			
1/26/18	✓			
1/29/18	✓			
1/30/18	✓			
1/31/18	mtw	✓		KSBA Advocacy - Frankfort
2/1/18	✓			
2/2/18	✓			
TOTAL DAYS WORKED		10		

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

Jon Blender  
Signature of Employee

2/2/18  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**<sup>3</sup>LEAVE 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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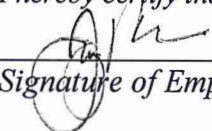
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

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

PAY PERIOD BEGINNING: FEBRUARY 5, 2018 PAY PERIOD ENDING: FEBRUARY 16, 2018

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
2/5/18	✓			
2/6/18	✓			
2/7/18	✓			
2/8/18	✓			
2/9/18	✓			
2/12/18	✓			
2/13/18	✓			
2/14/18	✓			
2/15/18		✓		AASA
2/16/18		✓		AASA
TOTAL DAYS WORKED		10		

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

  
Signature of Employee

Date

Signature of Supervisor

Date

Review/Revised: 3/16/17

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