Certification of Time for Extended Employment

Each central of Central Office	fice employee shall opersonnel.			supervisor for each pay po		ime designated by	
EMPLOYEE'S N	NAME: Smy	Grener	POSITION/DEPARTM	ENT: Sycanter	rdent_		
PAY PERIOD F	BEGINNING: MARCH		ERIOD ENDING:MAR				
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE T	YPE/ AMOUN	NT USED ³	
3/5/18							
3/6/18					_		
3/7/18							
3/8/18							
3/9/18							
3/12/18							
3/13/18	~	V	Frakfut	MKCES Su	112 Com	ite Meeting	
3/14/18	•		- NO	NKCES Sw	person tenden	+ Meeting	
3/15/18			New Sypt	intended Ethica Train	ning - Ler	singten	
3/16/18					٧		
							_
							_
							_
TOTAL I	DAYS WORKED ID						
I hereby dertify that this time sheet is a correct statement Signature of Employee Date			of actual days worked during this pay period. Signature of Supervisor		Date	³ LEAVE K E=emergency H=holiday J=jury M=military/disaster NC=Non Contract I	P=personal S=sick U=unpaid V=vacation
Review/Revis	sed: 3/16/17					The from Contract I	

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

Each central of Central Office		complete and submit th	is form to the immediate so	•		time designated by	
EMPLOYEE'S	NAME: Jay 15	[CWE/	POSITION/DEPARTME	ENT: Super:	ntendent		
PAY PERIOD I	BEGINNING: FEBRU	ARY 19, 2018 P.	AY PERIOD ENDING:N	•	_		
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEA	VE TYPE/ AMOU	UNT USED³	
2/19/18							
2/20/18							
2/21/18							
2/22/18		✓		NKKES F	Regional Goal	Meeting	
2/23/18					7		
2/26/18							
2/27/18							
2/28/18	NC						
3/1/18	NC						
3/2/18	NC						
TOTAL	DAYS WORKED 7						
I hereby dentify that this time sheet is a considerable of Employee Review/Revised: 3/16/17		is a correct statement of 3/25/18 Date	t of actual days worked during this pay period. Signature of Supervisor		- Date	3LEAVE KEY E=emergency P=person H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day	d