

Certification of Time for Extended Employment

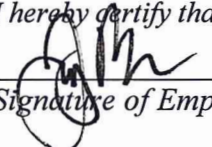
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Sam Brewer POSITION/DEPARTMENT: Superintendent

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

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
3/5/18	✓			
3/6/18	✓			
3/7/18	✓			
3/8/18	✓			
3/9/18	✓			
3/12/18	✓			
3/13/18		✓	Frankfort	House Senate Bill 2 Committee Meeting
3/14/18		✓		NKCES Superintendent Meeting
3/15/18	✓	✓	New Superintendent Ethics Training - Lexington	
3/16/18	✓			
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

3/23/18
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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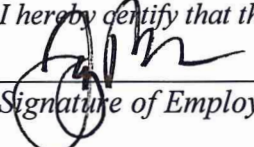
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

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

PAY PERIOD BEGINNING: FEBRUARY 19, 2018 PAY PERIOD ENDING: MARCH 2, 2018

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
2/19/18	✓			
2/20/18	✓			
2/21/18	✓			
2/22/18		✓		NKRES Regional Board Meeting
2/23/18	✓			
2/26/18	✓			
2/27/18	✓			
2/28/18	NC			
3/1/18	NC			
3/2/18	NC			
TOTAL DAYS WORKED		7		

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


Signature of Employee

3/23/18
Date

Signature of Supervisor

Date

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