## **Certification of Time for Extended Employment**

Each central of Central Office		complete and submit th	is form to the immediate s	supervisor for each pa	y period at the	time designated by	
EMPLOYEE'S I	NAME: 5. 00	cat (	POSITION/DEPARTMI	ENT: Superint	rad		
	4		— Period Ending:MA	•			
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>			
3/19/18		~		Fairvier Sit	e Visit	2 No. 1-1-1	
3/20/18	~			•			
3/21/18	_						
3/22/18							
3/23/18	/						
3/26/18				20,030,030			
3/27/18				Chamber of	Comm. Meeting		
3/28/18						<b>J</b>	3
3/29/18	~						
3/30/18	NC						
TOTAL	DAYS WORKED 9						
I hereby partify that this time sheet is a consignature of Employee  Review/Revised: 3/16/17		is a correct statement of 4/19/18 Date	cct statement of actual days worked during this pay period.  4/19/18  Date  Signature of Supervisor			3 <u>LEAVE</u> E=emergency H=holiday J=jury M=military/disaste NC=Non Contract	P=personal S=sick U=unpaid er V=vacation

## **Certification of Time for Extended Employment**

Control Off			is form to the immediate su		•	time designated by	
EMPLOYEE'S N	NAME: <u> </u>	ewe/	POSITION/DEPARTME	NT: Superinte	rden t		
	BEGINNING: APRIL	2 <u>, 2018</u> PAY PE	CRIOD ENDING:APRIL	13 <u>, 2018</u>			
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE	VE TYPE/ AMOUNT USED <sup>3</sup>		
4/2/18	NC						
4/3/18	NC						
4/4/18	NC						
4/5/18	NC						
4/6/18	NC						
4/9/18						a a	
4/10/18	~						
4/11/18							
4/12/18	~						
4/13/18							
TOTAL D	DAYS WORKED 5	-					
I hereby serify	that this time sheet i	s a correct statement of	of actual days worked durin	ng this pay period.		<sup>3</sup> <u>LEAVE KEY</u> E=emergency P=personal	
Signature of Employee Date			Signature of Superv	isor	Date	H=holiday S=sick J=jury U=unpaid	
Review/Revise	ed: 3/16/17					M=military/disaster V=vacation NC=Non Contract Day	