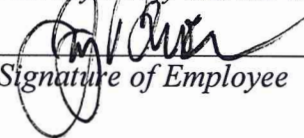# Certification of Time for Extended Employment

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 Brewer_   POSITION/DEPARTMENT: _Superintendent_

PAY PERIOD BEGINNING: APRIL 16, 2018   PAY PERIOD ENDING: ___APRIL 30, 2018___

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
4/16/18	✓			
4/17/18	✓			
4/18/18	✓			
4/19/18	✓			
4/20/18	✓			
4/23/18	✓			
4/24/18	✓			
4/25/18	✓			
4/26/18	NC			
4/27/18	NC			
4/30/18	✓			

TOTAL DAYS WORKED	9

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

_____   5/18/18   _____   _____
Signature of Employee   *Date*   *Signature of Supervisor*   *Date*

[3]LEAVE KEY
E=emergency   P=personal
H=holiday   S=sick
J=jury   U=unpaid
M=military/disaster V=vacation
NC=Non Contract Day

Review/Revised: 3/16/17

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 Brewer_ POSITION/DEPARTMENT: _Superintendent_

PAY PERIOD BEGINNING: MAY 1, 2018 PAY PERIOD ENDING: MAY 14, 2018

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
5/1/18		✓		KDE Superintendent Advisory
5/2/18	✓			
5/3/18	✓			
5/4/18	✓			
5/7/18	✓			
5/8/18	✓			
5/9/18	✓			
5/10/18	✓			
5/11/18	✓			
5/14/18	✓			
TOTAL DAYS WORKED	10			

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

_____ 5/18/18 _____ _____
Signature of Employee Date Signature of Supervisor Date

[3]LEAVE KEY	
E=emergency	P=personal
H=holiday	S=sick
J=jury	U=unpaid
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Review/Revised: 3/16/17