

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 BAUER POSITION/DEPARTMENT: Supervisor

PAY PERIOD BEGINNING: JUNE 18, 2018 PAY PERIOD ENDING: JULY 6, 2018

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
6/18/18	✓			
6/19/18	✓			
6/20/18	✓			
6/21/18	✓			
6/22/18	✓			
6/25/18	NC			
6/26/18	NC			
6/27/18	NC			
6/28/18	NC			
6/29/18	NC			
7/2/18	✓			
7/3/18	✓			
7/4/18	Holiday			
7/5/18	✓			
7/6/18	✓			
TOTAL DAYS WORKED		9		

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

Signature of Employee

Date 7/20/18

Signature of Supervisor

Date

Review/Revised: 3/21/18

³LEAVE KEY

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

