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 Baewer **POSITION/DEPARTMENT:** Superintendent

PAY PERIOD BEGINNING: AUGUST 6, 2018 **PAY PERIOD ENDING:** AUGUST 17, 2018

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
8/6/18	✓			
8/7/18	✓			
8/8/18	✓			
8/9/18	✓			
8/10/18	✓			
8/13/18	✓			
8/14/18	✓	✓		KDE Comm. Meeting of Superintendents
8/15/18	✓			
8/16/18	✓			
8/17/18	✓			
TOTAL DAYS WORKED	10			

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

Jay Baewer — *Signature of Employee*; 8/17/18 — *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: 3/21/18

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 BAENER **POSITION/DEPARTMENT:** SUPERINTENDENT

PAY PERIOD BEGINNING: JULY 23, 2018 **PAY PERIOD ENDING:** AUGUST 3, 2018

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
7/23/18	✓			
7/24/18	✓			
7/25/18	✓			
7/26/18		✓		KASA Conference
7/27/18	✓	✓		
7/30/18	✓			
7/31/18	✓			
8/1/18	✓			
8/2/18	✓			
8/3/18	✓			
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	*Date*	*Signature of Supervisor*	*Date*
[signature]	8/17/18		

[3]LEAVE KEY

E=emergency	**P=personal**
H=holiday	**S=sick**
J=jury	**U=unpaid**
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NC=Non Contract Day	

Review/Revised: 3/21/18

TRAVEL EXPENSE VOUCHER
DAYTON INDEPENDENT SCHOOLS

NAME	*Jay Brewer*	
POSITION	**Superintendent**	
SUBMITTED FOR:	**July/August**	
DATE	**August-18**	

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DAYTON INDEPENDENT SCHOOLS
TRAVEL REIMBURSEMENT FORM

All Uber rides had 4 staff members.

DATE	PURPOSE OF TRIP	FROM	TO	# MILES	X /PER MILE *	MEALS	LODGING	MISC.*	TOTAL
7/26/18	KASA Conference	Dayton	Louisville	204	$ 0.43	$ -	$ -		$ 87.72
8/14/18	KDE Meeting with Comm. Of Education	Dayton	Boone County	34	$ 0.43	$ -	$ -		$ 14.62
						$ -	$ -		
						$ -	$ -		
						$ -	$ -		
						$ -	$ -		
TOTALS						$ -	$ -		**$102.34**

* CHECK MILEAGE RATE WITH CENTRAL OFFICE. RATES SUBJECT TO CHANGE QUARTERLY BASED ON STATE MILEAGE RATE

A DETAILED RECEIPT MUST BE SUBMITTED FOR ALL CHARGES TO INCLUDE: LODGING, MEAL CHARGES, TOLLS, ETC.
ALL MISCELLANOUS CHARGES MUST BE EXPLAINED ON THE REVERSE SIDE OF THIS FORM.

I certify that the amount requested is a correct statement of the amount due as itemized above.

8/17/18
Signature