Certification of Time for Extended Employment

y/disaster ontract D:	Date	Digiminie of Supervisor	Dure	d: 3/21/18	Review/Revised: 3/21/18
TEAVE KEY E=emergency P=personal H=holiday S=sick	l I	I hereby certify that this time sheet is a correct statement of actual days worked during this pay period. Own One Congruence Congruence	a correct statement o	that this time sheet is	I herebycertify that this
				TOTAL DAYS WORKED D	TOTAL
		00			
					-
				/	10/12/18
				1	10/11/18
				7	10/10/18
				1	10/9/18
				1	10/8/18
				(10/5/18
			,	1	10/4/18
				1	10/3/18
				7	10/2/18
				1	10/1/18
OUNT USED ³	LEAVE TYPE/ AMOUNT USED ³	Off Campus Site	Off Campus Work Day	On Campus Work Day	DATE
	OCTOBER 12, 2018	PAY PERIOD ENDING:O		PAY PERIOD BEGINNING: OCTOBER 1, 2018	PAY PERIOD B
	ENT: Unperintendent	POSITION/DEPARTMENT:	Stewer	AME: Day Brewer	EMPLOYEE'S NAME:
)				Central Office personnel.

Review/Revised: 3/21/18

Certification of Time for Extended Employment

Centra	Each c
Central Office personnel.	Each central office employee shall complete and submit this form to the immediate supervisor for each
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					9/28/18	7/18	5/18	5/18	1/18	/18)/18)/18	3/18	7/18	DATE	ERIOD B	YEE'S N	Central Cities bereamen
					1	1	7	1	1	1	/	1	\	7	On Campus Work Day	PAY PERIOD BEGINNING: SEPTEMBER 17, 2018	EMPLOYEE'S NAME: Jay Browley	erociiioi.
															Off Campus Work Day	MBER 17, 2018	inler	
	î														Off Campus Site	PAY PERIOD ENDING:	POSITION/DEPARTMENT:	
															LEAVE TYPE/ AMOUNT USED ³	SEPTEMBER 28, <u>2018</u>	NT: Superintendent	

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Dute /
ture of Employee Out Out
Date
E=emergency P=person H=holiday S=sick J=jury U=unpaic M=military/disaster V=vacatic