

PERSONNEL

03.121 AP.23

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: Tracy Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: OCTOBER 15, 2018 PAY PERIOD ENDING: NOVEMBER 2, 2018

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
10/15/18	✓			
10/16/18	✓			
10/17/18	✓			
10/18/18	✓			
10/19/18	✓			
10/22/18	✓			
10/23/18	✓			
10/24/18	✓			
10/25/18	✓			
10/26/18	✓			
10/29/18	✓			
10/30/18	✓			
10/31/18	✓			
11/1/18	✓			
11/2/18	✓			
TOTAL DAYS WORKED		15		

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

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

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.

PAY PERIOD BEGINNING: NOVEMBER 5, 2018 PAY PERIOD ENDING: NOVEMBER 16, 2018

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
11/5/18	✓			
11/6/18	✓			
11/7/18	✓			
11/8/18	✓			
11/9/18	N/C			
11/12/18	N/C			
11/13/18	N/C			
11/14/18	✓			
11/15/18	✓			
11/16/18	✓			
TOTAL DAYS WORKED	7			


Signature of Employee

Signature of Supervisor

Date _____

3 LEAVE KEY

E=emergency	P=personal
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