Certification of Time for Extended Employment

Cent	Each
Central Office personne	Each central office employee shall complete and submit this form to the immediate supervisor for each
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TOTALI			11/30/18	11/29/18	11/28/18	11/27/18	11/26/18	11/23/18	11/22/18	11/21/18	11/20/18	11/19/18	DATE	Y PERIOD BI	EMPLOYEE'S NAME: _
TOTAL DAYS WORKED 2			5	1	7	1	1	Non Soutract	Holiday	1	1	1	On Campus Work Day	PAY PERIOD BEGINNING: NOVEMBER 19, 2018	AME: Jay Blenks
				1				atract					Off Campus Work Day	IBER 19, 2018	Tener
	200												Off Campus Site	_ PAY PERIOD ENDING:_	POSITION/DEPARTMENT:
			(Flankfort- KDE Graduation Remissionets									LEAVE TYPE/ AMOUNT USED³	PAY PERIOD ENDING: NOVEMBER 30, 2018	ENT: Superntendent

I hereby/certify that this time sheet is a correct statement of actual days worked during this pay period. nature of Employee Date Signature of Supervisor

Review/Revised: 3/21/18

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

Date