## Certification of Time for Extended Employment

Each central office employee shall co
Each central office employee shall complete and submit this form to the immediate supervisor for each p
ach pay period at the time designated by

EMPLOYEE'S N	EMPLOYEE'S NAME: Jay Brewer	Net	POSITION/DEPARTME	POSITION/DEPARTMENT: Superintendent
PAY PERIOD B	PAY PERIOD BEGINNING: DECEMBER 24, 2018	[BER 24, 2018	PAY PERIOD ENDING: JANUARY 4, 2019	JANUARY 4, 2019
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED³
12/24/18	Holiday			
12/25/18	Holiday			
12/26/18	775			
12/27/18	7			
12/28/18	1			
12/31/18	Holiday			
1/1/19	Holiday			
1/2/19	7			
1/3/19	7			
1/4/19	(			
	G.			
TOTALI	TOTAL DAYS WORKED 5			

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

Review/Revised: 3/21/18

3<u>LEAVE KEY</u>
E=emergency P=personal

Date