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.	entr	ach
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Signature of Employee Review/Revised: 3/21/18	I hereby certify the	TOTAL DA			2/1/19	1/31/19	1/30/19	1/29/19	1/28/19	1/25/19	1/24/19	1/23/19	1/22/19	1/21/19	DATE	PAY PERIOD BEG	EMPLOYEE'S NAME:
вlоуее : 3/21/18	at this time sheet is	TOTAL DAYS WORKED \(\mathcal{O} \)			1	1	7	(7	1	1	7	1	Holiday	On Campus Work Day	PAY PERIOD BEGINNING: JANUARY 21, 2019	ME: Jay Brance
Date 1	a correct statement of $\frac{2}{15119}$														Off Campus Work Day		Trewer
Signature of Supervisor	I hereby certify that this time sheet is a correct statement of actual days worked during this pay period. $3/15119$														Off Campus Site	PAY PERIOD ENDING:I	POSITION/DEPARTMENT:
sor Date	g this pay period.		*			Unterlay KY Staty	St. E Monty Heath Meeting								LEAVE TYPE/ AMOUNT USED³	FEBRUARY 1, 2019	NT: Superintendent
H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day	LEAVE KI					C	edina					F			OUNT USED ³		

Review/Revised: 3/21/18

Certification of Time for Extended Employment

Central Office personnel. EMPLOYEE'S NAME:	ersonnel. AME: Say Mewer	ewer	POSITION/DEPARTMI	POSITION/DEPARTMENT: Sugar, tendent		
PAY PERIOD B	PAY PERIOD BEGINNING: FEBRUARY 4, 2019		PAY PERIOD ENDING:F	FEBRUARY 15, 2019		
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³	OUNT USED³	
2/4/19	1					
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I hereby certify	that this time sheet is	a correct statement of $\frac{\partial}{\partial t} = \frac{\partial}{\partial t} = \frac{\partial}{$	I hereby certify that this time sheet is a correct statement of actual days worked during this pay period. $\frac{\partial}{\partial t} \int dt dt dt$	ng this pay period.	E=emergency P=	E KEY P=personal
Signature of Employee	mployee	Date /	Signature of Supervisor	visor Date	H=holiday	S=sick

Review/Revised: 3/21/18

J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day

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Central Office personnel.	Each central office employee shall complete and submit this form to the immediate supervisor for each page
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H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day	isor Date	Signature of Supervisor	Date'	<i>mployee</i> d: 3/21/18	ignature of Employee eview/Revised: 3/21/18
LEAVE KI	g this pay period.	hereby certify that this time sheet is a correct statement of actual days worked during this pay period. $\frac{3/15/19}{100000000000000000000000000000000000$	a correct statement of	that this time sheet is	hereby certify tha
				TOTAL DAYS WORKED 10	TOTAL
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				7	1/16/19
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4				7	1/10/19
Mextina	NKCES Sugarntundent		-	*	1/9/19
				1	1/8/19
				5	1/7/19
OUNT USED ³	LEAVE TYPE/ AMOUNT USED³	Off Campus Site	Off Campus Work Day	On Campus Work Day	DATE
	JANUARY 18, 2019	PAY PERIOD ENDING:JA		PAY PERIOD BEGINNING: JANUARY 7, 2019	AY PERIOD B
	NT: Superintendent	POSITION/DEPARTMENT:	wes .	MPLOYEE'S NAME: Day Drewer	MPLOYEE'S N

Review/Revised: 3/21/18