

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: Sgt. Blevins POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: MARCH 4, 2019 PAY PERIOD ENDING: MARCH 15, 2019

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
3/4/19	✓			
3/5/19		✓		Frankfurt HB 205
3/6/19	✓			
3/7/19	✓			
3/8/19	✓			
3/11/19	✓			
3/12/19		✓		Frankfurt HB 205
3/13/19	✓			
3/14/19	✓			
3/15/19	✓			
TOTAL DAYS WORKED		10		

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


Signature of Employee

Date 3/22/19

Signature of Supervisor

Date _____

³LEAVE KEY

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

Review/Revised: 3/21/18

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: Jay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: FEBRUARY 18, 2019 PAY PERIOD ENDING: MARCH 1, 2019

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
2/18/19	✓			
2/19/19	✓			
2/20/19	✓			
2/21/19	✓			
2/22/19		✓		KBA - Lonsville
2/25/19	✓			
2/26/19	✓			
2/27/19	✓			
2/28/19	✓			
3/1/19	✓			
TOTAL DAYS WORKED		10		

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


Signature of Employee

Date 3/22/19

Signature of Supervisor

Date _____

³LEAVE KEY

E=emergency	P=personal
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