

Certification of Time for Extended Employment

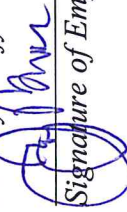
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: APRIL 1, 2019 PAY PERIOD ENDING: APRIL 12, 2019

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
4/1/19	NC			
4/2/19	NC			
4/3/19	NC			
4/4/19	NC			
4/5/19	NC			
4/8/19	✓			
4/9/19	✓			
4/10/19		✓		NCES Superintendent Meeting
4/11/19	✓			
4/12/19	✓			
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

4/24/19
Date

Signature of Supervisor

Date

³LEAVE KEY

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

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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: MARCH 18, 2019 PAY PERIOD ENDING: MARCH 29, 2019

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
3/18/19	✓			
3/19/19	✓			
3/20/19	✓			
3/21/19	✓			
3/22/19	✓			
3/25/19	✓ 1/2			1/2 day sick day
3/26/19	✓			
3/27/19	✓			
3/28/19	✓			
3/29/19	NC			Non-contract
TOTAL DAYS WORKED		8 1/2		

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

Jay Brewer
Signature of Employee

4/24/19
Date

Signature of Supervisor

Date

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