

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: Day Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: MAY 1, 2019 PAY PERIOD ENDING: MAY 17, 2019

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
5/1/19	✓			
5/2/19	✓			
5/3/19	✓			
5/6/19	✓			
5/7/19	✓			
5/8/19	✓	✓		NIKE'S Board Meeting
5/9/19	✓			
5/10/19	✓			
5/13/19	✓			
5/14/19	✓			
5/15/19	✓			
5/16/19	✓			
5/17/19	✓			
TOTAL DAYS WORKED		13		

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

Signature of Employee

Date

Signature of Supervisor

Date

Review/Revised: 3/21/18

<sup>3</sup>LEAVE KEY

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

