

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 Shwener POSITION/DEPARTMENT: Supervisor General

PAY PERIOD BEGINNING: JUNE 3, 2019 PAY PERIOD ENDING: JUNE 14, 2019

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
6/3/19	✓			
6/4/19	✓			
6/5/19	✓			
6/6/19	✓			
6/7/19	✓			
6/10/19	✓			
6/11/19	✓			
6/12/19	✓			
6/13/19	ppp	✓		NKCES Leadership Retreat
6/14/19		✓		NKCES Leadership Retreat
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 10/26/19

Signature of Supervisor

Date _____

Review/Revised: 3/21/18

LEAVE KEY

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