Certification of Time for Extended Employment

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

EMPLOYEE'S NAME:	ME: Jay Brawer		POSITION/DEPARTMENT:	Superintendent
PAY PERIOD BE	PAY PERIOD BEGINNING: JUNE 17, 2019		PAY PERIOD ENDING: JULY 5, 2019	
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED³
6/17/19	5			
6/18/19	1			
6/19/19	ς	1		Galt House Early Childhood Guest Speaker
6/20/19	7			
6/21/19	から			
6/24/19	and NC			
6/25/19	MARKE VIC			
6/26/19	1			
6/27/19	5			
6/28/19	NC			
7/1/19	1			
7/2/19	1			
7/3/19	5			
7/4/19	Holiday			
7/5/19	5			
TOTAL D	TOTAL DAYS WORKED			
heraby certify th	hat this time sheet is	a correct statement c	I hereby certify that this time sheet is a correct statement of actual days worked during this pay period.	this pay period. 3LEAVE KEY

Signature of Employee

Signature of Supervisor

Date

H=holiday

S=sick P=personal

U=unpaid

E=emergency

J=jury ∪=unpaio M=military/disaster V=vacation

NC=Non Contract Day

Review/Revised: 3/21/18

03.121 AP.23

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.

I hereby certify that this tim Signature of Employee Review/Revised: 3/21/18	TOTAL			7/19/19	7/18/19	7/17/19	7/16/19	7/15/19	7/12/19	7/11/19	7/10/19	7/9/19	7/8/19	DATE	PAY PERIOD BI	EMPLOYEE'S N
that this time sheet is nployee	TOTAL DAYS WORKED &			(1	1	75	25	1	7	1	On Campus Work Day	PAY PERIOD BEGINNING: July 8, 2019	EMPLOYEE'S NAME: Jay BRUST
s a correct statement of					(1								Off Campus Work Day		ever
I hereby certify that this time sheet is a correct statement of actual days worked during this pay period. The pay MAN														Off Campus Site	PAY PERIOD ENDING: JULY 19, 2019	POSITION/DEPARTMENT:
ig this pay period. Date					KASA- Lasisville	KASA- Louisville								LEAVE TYPE/ AMOUNT USED ³	019	NT: Superintendent
E=emergency P=personal H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day		,												OUNT USED ³		