

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: AUGUST 19, 2019 PAY PERIOD ENDING: AUGUST 30, 2019

| DATE | On Campus Work Day | Off Campus WorkDay | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ |
|-------------------|--------------------|--------------------|-----------------|--------------------------------------|
| 8/19/19 | ✓ | | | |
| 8/20/19 | ✓ | | | |
| 8/21/19 | ✓ | | | |
| 8/22/19 | ✓ | | | |
| 8/23/19 | ✓ | | | |
| 8/26/19 | ✓ | | | |
| 8/27/19 | ✓ | | | |
| 8/28/19 | ✓ | | | |
| 8/29/19 | ✓ | | | |
| 8/30/19 | ✓ | | | |
| 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 [Signature] Date 9/25/19 Signature of Supervisor _____ Date _____

| 3 LEAVE KEY | |
|---------------------|------------|
| E=emergency | P=personal |
| H=holiday | S=sick |
| J=injury | 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: Say Brewer POSITION/DEPARTMENT: Superintendent
 PAY PERIOD BEGINNING: SEPTEMBER 2, 2019 PAY PERIOD ENDING: SEPTEMBER 13, 2019

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ |
|-------------------|--------------------|---------------------|-----------------|--|
| 9/2/19 | ✓ | | | |
| 9/3/19 | ✓ | | | |
| 9/4/19 | ✓ | | | |
| 9/5/19 | ✓ | | | |
| 9/6/19 | ✓ | | | |
| 9/9/19 | ✓ | | | |
| 9/10/19 | | ✓ | | Superintendent Summit Frankfurt |
| 9/11/19 | | ✓ | | Superintendent Regional Meeting P HASA Frankfurt |
| 9/12/19 | ✓ | | | |
| 9/13/19 | ✓ | | | |
| TOTAL DAYS WORKED | | <u>10</u> | | |

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

Signature of Employee Say Brewer Date _____ Signature of Supervisor _____ Date _____

Review/Revised: 3/21/18

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