Certification of Time for Extended Employment

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

Citian Office Polonica	ME. A Chianter		POSITION/DEPARTMENT:	VT: Superintendent
PAY PERIOD BEG	ਦ:	IBER 30, 2019	PAY PERIOD ENDING: OCTOBER 11,	OCTOBER 11, 2019
DATE	On Campus Work Day	Off Campus WorkDay	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
9/30/19	1			
10/1/19	7			
10/2/19	5			
10/3/19	5			
10/4/19	1			Juny Duty One Hour
10/7/19		1		NKCES Board Meeting
10/8/19	1			C
10/9/19	5			
10/10/19	7			
10/11/19	1			
TOTAL DAYS WORKED	WORKED 10			

Review/Revised: 3/21/18

Signature of Employee

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

Date 1

Signature of Supervisor

Date H=holiday

3<u>LEAVE KEY</u> E=emergency P=

P=personal S=sick

J=jury U=unpaid W=military/disaster V=vacation

NC=Non Contract Day

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.

MPLOYEE'S N	MPLOYEE'S NAME: Jan Brewer	wes	POSITION/DEPARTMENT:	INT: Sugarintencient
AY PERIOD B	AY PERIOD BEGINNING: $\frac{1}{\text{SEPTEMBER 16, 2019}}$	ABER 16, 2019	PAY PERIOD ENDING: SEPTEMBER 27, 2019	EPTEMBER 27, 2019
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED³
9/16/19	1			
9/17/19	1			
9/18/19	1			
9/19/19	5			
9/20/19	7			
9/23/19	1			
9/24/19	1			
9/25/19	1			
9/26/19	1			
9/27/19	(
TOTAL DAY	TOTAL DAYS WORKED 10			

Review/Revised: 3/21/18

Signature of Employee

3LEAVE KEY

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

10/18/14 Date

Signature of Supervisor

E=emergency

H=holiday J=jury

Date

P=personal S=sick

M=military/disaster V=vacation U=unpaid

NC=Non Contract Day