Certification of Time for Extended Employment

Pentral Office personnel	Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated
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Signature of Employee

Date !

Signature of Supervisor

Date

J=jury

E=emergency H=holiday 3LEAVE KEY

M=military/disaster V=vacation NC=Non Contract Day S=sick P=personal U=unpaid

Review/Revised: 3/21/18

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

EMPLOYEE'S NAME:	ME: Jay Brewer	rewer	POSITION/DEPARTMENT: Superintendent	: Superintendent
PAY PERIOD BE	ING:		PAY PERIOD ENDING: NOVEMBER 1, 2019	EMBER 1, 2019
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED³
10/14/19	DIV MARKET			
10/15/19	7			
10/16/19	7			
10/17/19	7			
10/18/19	1			
10/21/19	7			
10/22/19	1			
10/23/19	7			
10/24/19	1			
10/25/19	1			
10/28/19	7			
10/29/19	7			-
10/30/19	1		-	
10/31/19	1			٠.
11/1/19	1			
TOTAL DAYS WORKED	DRKED 14			
hereby certify a	nat this time sheet is	a correct statement	hereby certify that this time sheet is a correct statement of actual days worked during this pay period	³ LEAVE K
1	ラミフノ			E=emergency r=p

Review/Revised: 3/21/18

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Signature of Supervisor

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