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

MPLOYEE'S N.	MPLOYEE'S NAME: Jay blewer	Jes	POSITION/DEPARTMENT:	NT: Capera tendent
PAY PERIOD BI	PAY PERIOD BEGINNING: NOVEMBER 18, 2019	IBER 18, 2019	PAY PERIOD ENDING: NOVEMBER 29, 2019	NEMBER 29, 2019
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED³
11/18/19				
11/19/19	7			
11/20/19	1	2.5		
11/21/19		1		Presonal Carterence
11/22/19		1		
11/25/19				
11/26/19	7			
11/27/19	1			
11/28/19	Holiday			
11/29/19	1			
TOTAL DAYS WORKED	S WORKED O			
	The second secon			

Review/Revised: 3/21/18		Signature of Employee	the Moura	I hereby certify that this time sheet is
		Date 1	13/17/19	a correct statement of a
	,	Signature of Supervisor		thereby certify that this time sheet is a correct statement of actual days worked during this pay period.
		Date		
NC=Non Contract Day	J=jury U=unpaid M=military/disaster V=vacation	H=holiday S=sick	E=emergency P=personal	³ LEAVE KEY