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

TOTAL DAYS WORKED			1/17/20	1/16/20	1/15/20	1/14/20	1/13/20	1/10/20	1/9/20	1/8/20	1/7/20	1/6/20	DATE On C	AY PERIOD BEGINNING: JANUARY 6, 2020	MPLOYEE'S NAME: _
ORKED			1	1	\			1	1		1	\	On Campus Work Day	NG: JANUAR	Jay Grener
	9	9				1				1			Off Campus Work Day		
		9											Off Campus Site	PAY PERIOD ENDING: JANUARY 17, 2020	POSITION/DEPARTMENT:
						Independent District Superintendent Meeting Rest to			4	NKCES Board Meeting		.00	LEAVE TYPE/ AMOUNT USED?	JARY 17, 2020	VT: Superintendent

Review/Revised: 3/21/18

Signature of Employee

mer		
mergency	³ LEA	
	LEAVE KEY	
P=persona	EY	
rsons		

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

Signature of Supervisor

Date

H=holiday

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

J=jury

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

Review/Revised: 3/21/18

Signature of Employee

3LEAVE KEY

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

Signature of Supervisor

E=emergency H=holiday J=jury

NC=Non Contract Day

M=military/disaster V=vacation

Date

y P=personal S=sick U=unpaid

Certification of Time for Extended Employment

entral	Each central office employee shall complete and submit this form to the immediate supervisor for each pay
Office	ntral of
fice personi	fice em
nel	ıployee
	shall c
	omplet
	e and s
	ubmit t
	his forr
	n to the
	imme
	liate su
	perviso
	r for ea
	ıch pay
	period
	at the t
	ime de
	signate
	d by

EMPLOYEE'S NAME:	ME: Jay Blewer	Stewer	POSITION/DEPARTMENT:	VT: Superia teadent
PAY PERIOD BE	PAY PERIOD BEGINNING: DECEMBER 23, 2019	BER 23, 2019	_Pay Period Ending: JANUARY 3, 2020	ANUARY 3, 2020
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED³
12/23/19	1			
12/24/19	Holiday			
12/25/19	Holiday			
12/26/19	NC 1			
12/27/19	7			
12/30/19	20			
12/31/19	Addition Holiday	day		
1/1/20	Holiday			
1/2/20	[
1/3/20	7			
22.20				
TOTAL D	TOTAL DAYS WORKED			

Signature of Employee	A Own	I hereby certfly that this time sheet is a correct s
Date	1/21/20	ect statement oj
Signature of Supervisor		factual days worked during this pay period.

Review/Revised: 3/21/18

Date

3LEAVE KEY

E=emergency P=personal
H=holiday S=sick
J=jury U=unpaid
M=military/disaster V=vacation
NC=Non Contract Day