

PERSONNEL

03.121 AP.23

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: Gay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: DECEMBER 2, 2019 PAY PERIOD ENDING: DECEMBER 20, 2019

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
12/2/19	✓			
12/3/19	✓			
12/4/19	✓			
12/5/19	✓			
12/6/19	✓			
12/9/19		✓		KASS conference
12/10/19	✓			
12/11/19	✓			
12/12/19	✓			
12/13/19	✓			
12/16/19	✓			
12/17/19	✓			
12/18/19	✓			
12/19/19	✓			
12/20/19	✓			
TOTAL DAYS WORKED		16		

12/8/19
KASS conf.
Sundown

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

Signature of Employee [Signature] Date 11/17/19 Signature of Supervisor _____ Date _____

Review/Revised: 3/21/18

³ LEAVE KEY			
E=emergency	P=personal		
H=holiday	S=sick		
J=jury	U=unpaid		
M=military/disaster	V=vacation		
NC=Non Contract Day			

