

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: Jay Wrenker POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: MARCH 2, 2020 PAY PERIOD ENDING: MARCH 13, 2020

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

Date _____

Review/Revised: 3/21/18

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

Review/Revised: 3/21/18