

**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: Jay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: MARCH 16, 2020 PAY PERIOD ENDING: MARCH 27, 2020

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
3/16/20	✓			
3/17/20	✓			
3/18/20	✓			
3/19/20	✓			
3/20/20	✓			
3/23/20	✓			
3/24/20	✓			
3/25/20	✓			
3/26/20	✓			
3/27/20	✓			
TOTAL DAYS WORKED		10		

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

Jay Brewer  
Signature of Employee

4/29/20  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Review/Revised: 3/21/18

**<sup>3</sup>LEAVE KEY**

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

**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: Jay Brewer POSITION/DEPARTMENT: Superintendent  
 PAY PERIOD BEGINNING: MARCH 30, 2020 PAY PERIOD ENDING: APRIL 10, 2020

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
3/30/20	✓			
3/31/20	✓			
4/1/20	✓			
4/2/20	✓			
4/3/20	✓			
4/6/20	NC			
4/7/20	✓			
4/8/20	✓			
4/9/20	✓			
4/10/20	NC			
TOTAL DAYS WORKED		8		

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

Jay Brewer  
 Signature of Employee

4/20/20  
 Date

\_\_\_\_\_  
 Signature of Supervisor

\_\_\_\_\_  
 Date

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