

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: Jay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: APRIL 13, 2020 PAY PERIOD ENDING: MAY 1, 2020

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/AMOUNT USED ³ |
|-------------------|--------------------|---------------------|-----------------|-------------------------------------|
| 4/13/20 | ✓ | | | |
| 4/14/20 | ✓ | | | |
| 4/15/20 | ✓ | | | |
| 4/16/20 | ✓ | | | |
| 4/17/20 | ✓ | | | |
| 4/20/20 | ✓ | | | |
| 4/21/20 | ✓ | | | |
| 4/22/20 | ✓ | | | |
| 4/23/20 | ✓ | | | |
| 4/24/20 | ✓ | | | |
| 4/27/20 | ✓ | | | |
| 4/28/20 | ✓ | | | |
| 4/29/20 | ✓ | | | |
| 4/30/20 | ✓ | | | |
| 5/1/20 | ✓ | | | |
| TOTAL DAYS WORKED | | 15 | | |

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

Signature of Employee [Signature]

Date 5/19/20

Signature of Supervisor

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

