## 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.

MPLOYEE'S NAME:	AME: Jay Brewer	Rever .	POSITION/DEPARTMENT:	Superintendent
AY PERIOD BI	PAY PERIOD BEGINNING: MAY 18, 2020		PAY PERIOD ENDING: MAY 29, 2020	
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED³
5/18/20	7			
5/19/20	1			
5/20/20	5			
5/21/20	1			
5/22/20	(			
5/25/20	Holiday			
5/26/20	1			
5/27/20	(			
5/28/20	1			
5/29/20	1			
TOTAL I	TOTAL DAYS WORKED 9			

M=military/disaster V=vacation NC=Non Contract Day	Date H=holiday	E=emergency	his pay period.  3LEAVE KEY	
	Date Signature of Supervisor	6/3/20	I hereby certify that this time sheet is a correct statement of actual days worked during this pay perioa	
Review/Revised: 3/21/18	Signature of Employee Do		tify that this time sheet is a correct s	
Review/Re	Signature c	1500	I hereby cer	