

Certification of Time for Extended Employment

EMPLOYEE'S NAME: Jay Meeker POSITION/DEPARTMENT: Superintendent

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 USED ³
5/18/20	✓			
5/19/20	✓			
5/20/20	✓			
5/21/20	✓			
5/22/20	✓			
5/25/20	Holiday			
5/26/20	✓			
5/27/20	✓			
5/28/20	✓			
5/29/20	✓			
TOTAL DAYS WORKED	9			

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

Signature of Employee

Date / /

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	