

**Certification of Time for Extended Employment**

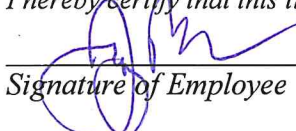
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

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

PAY PERIOD BEGINNING: JUNE 15, 2020 PAY PERIOD ENDING: JULY 3, 2020

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
6/15/20	✓			
6/16/20	✓			
6/17/20	✓			
6/18/20	✓			
6/19/20	✓ <del>100%</del> <del>100%</del>			
6/22/20	✓			
6/23/20	✓			
6/24/20	✓			
6/25/20	✓			
6/26/20	NC			
6/29/20	NC			
6/30/20	NC			
7/1/20	✓			
7/2/20	✓			
7/3/20	✓			
TOTAL DAYS WORKED		12		

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

  
Signature of Employee

7/17/20  
Date

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

\_\_\_\_\_  
Date

**<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: Day Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JULY 6, 2020 PAY PERIOD ENDING: JULY 17, 2020

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
7/6/20	<del>NC</del> Holiday			
7/7/20	NC ✓			2019-20
7/8/20	NC ✓			2019-20
7/9/20	NC ✓			2019-20
7/10/20	NC ✓			2019-20
7/13/20	✓			
7/14/20	✓			
7/15/20	✓			
7/16/20	✓			
7/17/20	✓			
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

7/17/20  
Date

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

\_\_\_\_\_  
Date

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

E=emergency	P=personal
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