

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.

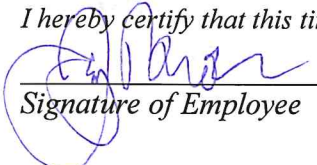
EMPLOYEE'S NAME: Jay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JULY 20, 2020 PAY PERIOD ENDING: JULY 31, 2020

DATE	On Campus Work Day	Off Campus Work day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
7/20/20	NC			
7/21/20	NC			
7/22/20	✓			
7/23/20	✓			
7/24/20	✓			
7/27/20	✓			
7/28/20	✓			
7/29/20	✓			
7/30/20	✓			
7/31/20	✓			

TOTAL DAYS WORKED 8

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



Signature of Employee

8/24/20
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	