Certification of Time for Extended Employment

EMPLOYEE'S NAME: Jay Brewer			POSITION/DEPARTMENT: Superintendent					
	,		ERIOD ENDING: <u>SEPTEM</u>					
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³				
8/31/20								
9/1/20								
9/2/20								
9/3/20								
9/4/20								
					lei			
9/7/20								
9/7/20 9/8/20	\(\sigma \)							
		~		NKCES Sign Meeting	and KASA Ethics Traver			
9/8/20				NKCES Sign Meeting	and KASA Eties Traver			
9/8/20 9/9/20				NKCES Sign Meeting	and KASA Ethica Traver			
9/8/20 9/9/20 9/10/20 9/11/20				NKCES Sign Meeting	and KASA Ethics Traver			

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Central Office	personnel.			supervisor for each pay person. Superintendent			
PAY PERIOD I	BEGINNING: AUGUS	Γ 17, 2020 PAY P	ERIOD ENDING: AUGUS	ST 28, 2020			
DATE	On Campus Work Day	Off Campus WorkDay	Off Campus Site	LEAVE	E TYPE/ AMOUNT USED ³		
8/17/20							
8/18/20							
8/19/20							
8/20/20	~			NKCES & Amy Me	Gratn	(Ed Conneil)	
8/21/20				·		,	
8/24/20	~						
8/25/20							
8/26/20							
8/27/20							
8/28/20							
TOTAL DAYS	worked 10						
I hereby certify that this time sheet is a Signature of Employee		a correct statement of Alala Date	of actual days worked during this pay period. Signature of Supervisor Date		Date	3 <u>LEAVE KEY</u> E=emergency P=perso H=holiday S=sick J=jury U=unpa M=military/disaster V=vacat	id
Review/Revis	sed: 3/21/18					NC=Non Contract Day	