

PERSONNEL

03.121 AP.23

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: SEPTEMBER 28, 2020 PAY PERIOD ENDING: OCTOBER 9, 2020

DATE	On Campus Work Day	Off Campus Work-Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
9/28/20	✓			
9/29/20	✓			
9/30/20	✓			
10/1/20	✓			
10/2/20	✓			
10/5/20	✓			
10/6/20	✓			
10/7/20	✓			
10/8/20	✓			
10/9/20	✓			
TOTAL DAYS WORKED				
		10		

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=injury	U=unpaid
M=military/disaster	V=vacation
NC=Non Contract Day	

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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: Say Brevie POSITION/DEPARTMENT: Supervisors

PAY PERIOD BEGINNING: SEPTEMBER 14, 2020 PAY PERIOD ENDING: SEPTEMBER 25, 2020

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
9/14/20	✓			
9/15/20	✓			
9/16/20	✓			
9/17/20	✓			
9/18/20	✓			
9/21/20	✓			
9/22/20	✓			
9/23/20	✓			
9/24/20	✓			
9/25/20	✓			
<b>TOTAL DAYS WORKED</b>		<b>15</b>		

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

Signature of Employee

Date 10/27/20

Signature of Supervisor

Date

Review/Revised: 3/21/18

LEAVE KEY	
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