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 Blenker **POSITION/DEPARTMENT:** Superintendent

PAY PERIOD BEGINNING: NOVEMBER 2, 2020 **PAY PERIOD ENDING:** NOVEMBER 13, 2020

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
11/2/20	✓			
11/3/20	✓			
11/4/20	✓			
11/5/20	✓			
11/6/20	✓			
11/9/20		✓		Quarantine Covid-19
11/10/20		✓		" "
11/11/20		✓		" "
11/12/20		✓		" "
11/13/20		✓		" "
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: 11/13/20 — Signature of Supervisor — Date

[3]LEAVE KEY

E=emergency	P=personal
H=holiday	S=sick
J=jury	U=unpaid
M=military/disaster	V=vacation
NC=Non Contract Day	

Review/Revised: 3/21/18

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: OCTOBER 12, 2020 **PAY PERIOD ENDING:** OCTOBER 30, 2020

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
10/12/20	✓			
10/13/20	✓			
10/14/20		✓		NKCES Superintendent Regional Meeting
10/15/20	✓			
10/16/20	✓			
10/19/20	✓			
10/20/20	✓			
10/21/20	✓			
10/22/20	✓			
10/23/20	✓			
10/26/20	✓			
10/27/20	✓			
10/28/20	✓			
10/29/20	✓			
10/30/20	✓			
TOTAL DAYS WORKED	15			

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

Signature of Employee 11/15/20 *Date* *Signature of Supervisor* *Date*

[3]LEAVE KEY

E=emergency	P=personal
H=holiday	S=sick
J=jury	U=unpaid
M=military/disaster	V=vacation
NC=Non Contract Day	

Review/Revised: 3/21/18