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: NOVEMBER 16, 2020 **PAY PERIOD ENDING:** NOVEMBER 27, 2020

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
11/16/20	✓	Covid Quarantine	Work from home	
11/17/20	✓	" "	" "	
11/18/20	✓	" "	" "	
11/19/20	✓	" "	" "	
11/20/20	✓	" "	" "	
11/23/20	✓	" "	" "	
11/24/20	✓	Covid Work home		
11/25/20	✓			
11/26/20	Holiday			
11/27/20	✓			
TOTAL DAYS WORKED	9			

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

Jay Brewer 12/14/20

Signature of Employee *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