

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: Say Becker POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: DECEMBER 21, 2020 PAY PERIOD ENDING: JANUARY 1, 2021

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
12/21/20	✓			
12/22/20	✓			
12/23/20	✓			
12/24/20	Holiday			
12/25/20	Holiday			
12/28/20	✓			
12/29/20	✓			
12/30/20	✓			
12/31/20	Holiday			
1/1/20	Holiday			
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

1/27/21

Date

Signature of Supervisor

Date

Review/Revised: 3/21/18

³LEAVE KEY

E=emergency P=personal
H=holiday S=sick
J=jury 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: Steph Brewe POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JANUARY 4, 2021 PAY PERIOD ENDING: JANUARY 15, 2021

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
1/4/21	✓			
1/5/21	✓			
1/6/21	✓			
1/7/21	✓			
1/8/21	✓			
1/11/21	✓			
1/12/21	✓			
1/13/21		✓		
1/14/21	✓			WKY Regional Superintendent Meeting
1/15/21	✓			
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

Date 1/27/21

Signature of Supervisor

Date

Review/Revised: 3/21/18

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