

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 Bryant POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JANUARY 18, 2021 PAY PERIOD ENDING: JANUARY 29, 2021

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
1/18/21	✓			
1/19/21	✓			
1/20/21	✓			
1/21/21	✓			
1/22/21	✓			
1/25/21	✓			
1/26/21	✓			
1/27/21	✓			
1/28/21	✓			
1/29/21	✓			
TOTAL DAYS WORKED		10		

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

Jay Bryant
Signature of Employee

2/23/21
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

