

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: Day Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: FEBRUARY 15, 2021 PAY PERIOD ENDING: FEBRUARY 26, 2021

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ |
|-------------------|--------------------|---------------------|-----------------|--------------------------------------|
| 2/15/21 | ✓ | | | |
| 2/16/21 | ✓ | | | |
| 2/17/21 | ✓ | ✓ | | ASCCES - Superintendent Meeting |
| 2/18/21 | ✓ | | | |
| 2/19/21 | ✓ | | | |
| 2/22/21 | ✓ | | | |
| 2/23/21 | ✓ | | | |
| 2/24/21 | ✓ | | | |
| 2/25/21 | ✓ | ✓ | | Frankfort - Santa Ed. Committee |
| 2/26/21 | ✓ | | | |
| | | | | |
| | | | | |
| 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 [Signature] Date 3/15/21 Signature of Supervisor _____ Date _____

Review/Revised: 3/21/18

³LEAVE KEY

E=emergency
H=holiday
J=jury
M=military/disaster
NC=Non Contract Day

P=personal
S=sick
U=unpaid
V=vacation