

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: JUNE 14, 2021 PAY PERIOD ENDING: JULY 2, 2021

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ |
|-------------------|--------------------|---------------------|-----------------|--------------------------------------|
| 6/14/21 | ✓ | | | |
| 6/15/21 | ✓ | | | |
| 6/16/21 | ✓ | | | |
| 6/17/21 | ✓ | | | KASS Western Hills, Frankfurt |
| 6/18/21 | ✓ | | | |
| 6/21/21 | ✓ | | | |
| 6/22/21 | ✓ | | | |
| 6/23/21 | ✓ | | | |
| 6/24/21 | ✓ | | | |
| 6/25/21 | ✓ | | | |
| 6/28/21 | NC | | | |
| 6/29/21 | NC | | | |
| 6/30/21 | NC | | | |
| 7/1/21 | ✓ | | | |
| 7/2/21 | ✓ | | | |
| TOTAL DAYS WORKED | | 12 | | |

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

[Signature]
Signature of Employee

7/27/21
Date

Signature of Supervisor

Date

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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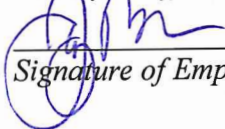
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Say Brewer POSITION/DEPARTMENT: _____

PAY PERIOD BEGINNING: JULY 5, 2021 PAY PERIOD ENDING: JULY 16, 2021

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ |
|-------------------|--------------------|---------------------|-----------------|--------------------------------------|
| 7/5/21 | NC | | | |
| 7/6/21 | NC | | | |
| 7/7/21 | NC | | | |
| 7/8/21 | NC | | | |
| 7/9/21 | NC | | | |
| 7/12/21 | ✓ | | | |
| 7/13/21 | ✓ | | | |
| 7/14/21 | ✓ | | | |
| 7/15/21 | ✓ | | | |
| 7/16/21 | ✓ | | | |
| | | | | |
| | | | | |
| TOTAL DAYS WORKED | | 5 | | |

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


Signature of Employee

7/27/21
Date

Signature of Supervisor

Date

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