

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 Meeker POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: SEPTEMBER 27, 2021 PAY PERIOD ENDING: OCTOBER 8, 2021

DATE	On Campus Work Day	Off Campus WorkDay	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
9/27/21	✓			
9/28/21	✓			
9/29/21	✓			
9/30/21		✓		KASS - Franklin Co. High -
10/1/21	✓			
10/4/21	✓			
10/5/21	✓			
10/6/21	✓			
10/7/21	✓			
10/8/21	✓			
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

10/27/21
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