

Certification of Time for Extended Employment

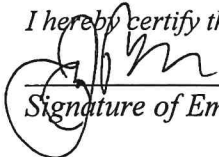
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jay BREWER POSITION/DEPARTMENT: SUPERINTENDENT

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

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
11/15/21	✓	✓		Picked Comm. P Governor in Frankfurt
11/16/21	✓			
11/17/21	✓			
11/18/21	✓			
11/19/21	✓			
11/22/21	✓			
11/23/21	✓			
11/24/21	✓			
11/25/21	Holiday			
11/26/21	✓			
TOTAL DAYS WORKED		9		

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


Signature of Employee

11/15/21
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