## 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 NA	AME: Jay K	Hewel	POSITION/DEPARTMENT	: Superintenden	<u>· 1</u>
PAY PERIOD BE	EGINNING: <u>DECEM</u>	IBER 20, 2021	PAY PERIOD ENDING: <u>DEC</u>	EMBER 31, 2021	
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMO	OUNT USED <sup>3</sup>
12/20/21	~				
12/21/21					
12/22/21					
12/23/21					
12/24/21	Holiday				
12/27/21	Holidan			1	
12/28/21		×			
12/29/21			E		
12/30/21					
12/31/21	Holiday				
	/				
TOTALI	DAYS WORKED 7				
I hereby certify that this time sheet is a correct statement    M					3LEAVE KEY E=emergency P=personal H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day
Review/Revise	d: 3/21/18				Tio Tion Contract Day

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Each central offi Central Office pe	ersonnel.	^	is form to the immediate su	pervisor for each pay period at the	
EMPLOYEE'S N.	AME: Jay 1	brewer_	POSITION/DEPARTMEN	VT: Superintendent	<del>-</del>
PAY PERIOD BE	EGINNING: JANUA	RY 3, 2022 PAY	PERIOD ENDING: JANU	ARY 14, 2022	
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>	
1/3/22	✓ ·				
1/4/22					
1/5/22	-				
1/6/22	V				
1/7/22					
1/10/22					
1/11/22					
1/12/22			Frankfort KASA Day		A Day
1/13/22					
1/14/22	-				
TOTAL D	PAYS WORKED 10				
I horeby dertify to	hat this time sheet is	a correct statement o	f actual days worked durin	g this pay period.	<sup>3</sup> LEAVE KEY E=emergency P=personal
Signature of En	nployee	isor Date	H=holiday S=sick J=jury U=unpaid		
7		v o to to			M=military/disaster V=vacation
Review/Revise	d: 3/21/18				NC=Non Contract Day