<u>Certification of Time for Extended Employment</u>

Central Office p EMPLOYEE'S N		Brewer	is form to the immediatePOSITION/DEPARTM ERIOD ENDING: APRIL	ENT: Super	period at the time of	lesignated by
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOU	NT USED ³	
3/28/22	V					
3/29/22						
3/30/22			4	E		
3/31/22	~					
4/1/22	NC	=				
4/4/22	NC					
4/5/22	NC			-4		
4/6/22	NC	4				
4/7/22	NC			-		-
4/8/22	NC	4.		2-62-195-	- X T	
	· · ·	5				
				97. A.S.	and week the Tue	
TOTAL DAYS W	ORKED 4					
I hereby certify Signature of Ele Review/Revise	mployee	a correct statement of Date	f actual days worked dun Signature of Super	<u> </u>	Date H= J=j M=	3LEAVE KEY emergency P=personal holiday S=sick ury U=unpaid emilitary/disaster V=vacation =Non Contract Day

Certification of Time for Extended Employment

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Central Office	ocisonnei.			upervisor for each pay period at th		
EMPLOYEE'S N	NAME: Jay	Mener_	POSITION/DEPARTME	INT: Superintende	7	
PAY PERIOD B	BEGINNING: MARCH		ERIOD ENDING: MARCH			
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³		
3/14/22						
3/15/22		~		NKYEC at Ignite		
3/16/22				76712	r je	
3/17/22	V		2	Frankfort HB	7	
3/18/22						
3/21/22	V					
3/22/22						
3/23/22	~					
3/24/22						
3/25/22						
			s 0			
TOTAL	DAYS WORKED ID		-			
I hereby certify in Signature of En	nployee	a correct statement of W/25/22 Date	actual days worked during Signature of Supervi		3LEAVE KEY E=emergency P=personal H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day	