

**Certification of Time for Extended Employment**

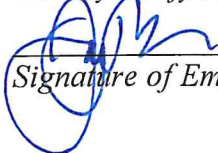
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JULY 4, 2022 PAY PERIOD ENDING: JULY 15, 2022

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
7/4/22	Holiday			
7/5/22	✓			
7/6/22	✓			
7/7/22	✓			
7/8/22	✓			
7/11/22	✓			
7/12/22	✓			
7/13/22	✓			
7/14/22	✓			
7/15/22	✓			
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

7/26/22  
Date

Signature of Supervisor

Date

<sup>3</sup>LEAVE KEY

E=emergency P=personal  
H=holiday S=sick  
J=jury U=unpaid  
M=military/disaster V=vacation  
NC=Non Contract Day