

**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.

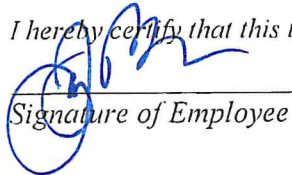
EMPLOYEE'S NAME: Jay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: NOVEMBER 29, 2021 PAY PERIOD ENDING: DECEMBER 17, 2021

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
11/29/21	✓			
11/30/21	✓			
12/1/21	✓			
12/2/21	✓			
12/3/21	✓			
12/6/21		✓		KASS
12/7/21		✓		KASS
12/8/21	✓			
12/9/21	✓			
12/10/21	✓			
12/13/21	✓			
12/14/21	✓			
12/15/21	✓			
12/16/21	✓			
12/17/21	✓			
TOTAL DAYS WORKED		16		

12/5/21 ✓  
KASS

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

  
Signature of Employee

7/12/22  
Date

Signature of Supervisor

Date

Review/Revised: 3/21/18

**<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