

**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: AUGUST 1, 2022 PAY PERIOD ENDING: AUGUST 12, 2022

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
8/1/22	✓			
8/2/22	✓			
8/3/22	✓			
8/4/22	1/2			
8/5/22	1/2			
8/8/22	✓			
8/9/22	✓			
8/10/22	✓			
8/11/22	✓			
8/12/22	✓			
TOTAL DAYS WORKED		9		

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

[Signature]  
Signature of Employee

8/22/22  
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

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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: Sam Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JULY 18, 2022 PAY PERIOD ENDING: JULY 29, 2022

DATE	On Campus Work Day	Off Campus Work day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
7/18/22	✓			
7/19/22	✓			
7/20/22	✓			
7/21/22	✓			
7/22/22	✓			
7/25/22	✓			
7/26/22	✓			
7/27/22	✓			
7/28/22		✓		KASA
7/29/22		✓		KASA
TOTAL DAYS WORKED <u>10</u>				

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

[Signature]  
Signature of Employee

8/22/22  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**<sup>3</sup>LEAVE KEY**

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