

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 15, 2022 PAY PERIOD ENDING: AUGUST 26, 2022

DATE	On Campus Work Day	Off Campus WorkDay	Off Campus Site		
8/15/22	✓				
8/16/22	✓				
8/17/22	✓				
8/18/22	✓				
8/19/22	✓				
8/22/22	✓				
8/23/22	✓				
8/24/22	✓	✓		NKCES Regional Superintendent Meeting	
8/25/22	✓				
8/26/22	✓				
TOTAL DAYS WORKED		10			

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

  
Signature of Employee

9/9/22  
Date

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

\_\_\_\_\_  
Date

LEAVE KEY

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