

**Certification of Time for Extended Employment**

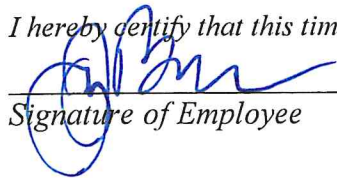
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

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

PAY PERIOD BEGINNING: NOVEMBER 14, 2022 PAY PERIOD ENDING: NOVEMBER 25, 2022

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
11/14/22	✓			
11/15/22	✓			
11/16/22	✓			
11/17/22	✓			
11/18/22	Non - Contract			
11/21/22	✓			
11/22/22	✓			
11/23/22	✓			
11/24/22	Holiday			
11/25/22	✓			
TOTAL DAYS WORKED		8		

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

  
Signature of Employee

12/14/22  
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