<u>Certification of Time for Extended Employment</u>

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 Brener		Position/DEPARTMENT: Superintendent			
PAY PERIOD BI	EGINNING: NOVEM	IBER 28, 2022	PAY PERIOD ENDING: D	V.	
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AM	OUNT USED ³
11/28/22					
11/29/22					
11/30/22					
12/1/22					
12/2/22 12/5/22				KASS Conference	
12/5/22				KASS Conference	
12/6/22				KASS Conference	
12/7/22					
12/8/22					
12/9/22	~				
12/12/22	V				
12/13/22	~				
12/14/22					
12/15/22					in the second se
12/16/22			,		
TOTAL DAY	S WORKED				
tal n	\sim	a correct statement	of actual days worked duri		³ <u>LEAVE KEY</u> E=emergency P=personal H=holiday S=sick
Signature of Employee Date		Signature of Supervisor Date		J=jury U=unpaid M=military/disaster V=vacation	
Review/Revise	d: 3/21/18				NC=Non Contract Day

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Each central office po		omplete and submit the	nis form to the immediate sup	pervisor for each pay	period at the	time designated by	
EMPLOYEE'S N.		Rever	POSITION/DEPARTMEN	T: Superinte	endent		
	EGINNING: DECEM		PAY PERIOD ENDING: DEC	V			
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAV	E TYPE/ AMO	UNT USED ³	Name and Associated a
12/19/22	_						
12/20/22							Portuguit All Sa
12/21/22	~						
12/22/22							
12/23/22	Holiday						
12/26/22	Holiday						
12/27/22							
12/28/22	✓						
12/29/22	V						
12/30/22	Holiday						
	1						
							ž.
TOTAL	DAYS WORKED 7						
I hereby certify that this time sheet is a correct statement Signature of Employee Date Review/Revised: 3/21/18					Date	H=holiday S=	=personal =sick =unpaid =vacation
Keview/Kevise	u. 3/21/10						

Certification of Time for Extended Employment

Each central office per	ersonnel.		is form to the immediate s			time designated by
EMPLOYEE'S N.	AME: Jay 6	Mender	POSITION/DEPARTME	ent: Superinte	endent	
PAY PERIOD BI	EGINNING: <u>JANUA</u>		PERIOD ENDING: JANU	N/		
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³		
1/2/23	Holiday					
1/3/23						
1/4/23						
1/5/23						
1/6/23					4	
1/9/23						
1/10/23						
1/11/23			**	NKCES Read	one Sugar	intendent Meeting
1/12/23				J	V	
1/13/23	~				Y.	Mary Control of the C
					-	
TOTAL D	DAYS WORKED					
dalm		a correct statement o	f actual days worked durin			³ LEAVE KEY E=emergency P=personal H=holiday S=sick
Signature of Employee Date		Signature of Supervisor Date		Date	J=jury U=unpaid M=military/disaster V=vacation	
Review/Revised: 3/21/18 NC=Non Contract Day						NC=Non Contract Day