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

Central Office	personnel.	omplete and submit th	is form to the immediate supPOSITION/DEPARTMEN	pervisor for each pay period at the Superintenknt	
PAY PERIOD	BEGINNING: MAY 1,	2023 PAY PERIO	OD ENDING: MAY 12, 2023		
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AM	OUNT USED³
5/1/23					No.
5/2/23	~				200
5/3/23	~				
5/4/23	~				
5/5/23	✓				and the same of th
5/8/23					
5/9/23	<u>~</u>				
5/10/23	-				
5/11/23	~				
5/12/23					
TOTAL DA	AYS WORKED \T)			
I hereby centify Signature of I Review/Revis	Employee	a correct statement of 5/15/25 Date	f actual days worked during Signature of Supervis		3LEAVE KEY E=emergency P=personal H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day

Certification of Time for Extended Employment

		Cortification	of time for Extended E	mployment			
Central Office p	ersonnei.		s form to the immediate superv				
EMPLOYEE'S NAME: Jay Brewer			Position/Department:_	Superintendent	sintendent		
PAY PERIOD B	EGINNING: APRIL 1	0, 2023 PAY PE	RIOD ENDING: <u>APRIL 28, 202</u>	3			
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMO	AMOUNT USED³		
4/10/23							
4/11/23							
4/12/23							
4/13/23							
4/14/23							
4/17/23							
4/18/23							
4/19/23							
4/20/23							
4/21/23							
4/24/23							
4/25/23						100	
4/26/23						155.55	
4/27/23							
4/28/23						TESTICAL DESIGNATION OF THE PERSON OF THE PE	
TOTAL D	DAYS WORKED 15						
I hereby certify that this time sheet is a correct statement			actual days worked during this	pay period.	³ LEAVE E=emergency	P=personal	
Signature of Employee Review/Revised: 3/21/18		Date	Signature of Supervisor	Date	H=holiday J=jury M=military/disaste NC=Non Contract		