

**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: MAY 29, 2023 PAY PERIOD ENDING: JUNE 9, 2023

DATE	On Campus Work Day	Off Campus Work ay	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
5/29/23	✓			
5/30/23	✓			
5/31/23	✓			
6/1/23		✓		State Track Meet
6/2/23	✓			
6/5/23	✓			
6/6/23	✓			
6/7/23	✓	✓		NKCES - Superintendent Retreat
6/8/23		✓		NKCES - Superintendent Retreat
6/9/23		✓		NKCES - Superintendent Retreat
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

Date

Signature of Supervisor

Date

Review/Revised: 3/21/18

<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