

**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: JUNE 12, 2023 PAY PERIOD ENDING: JUNE 30, 2023

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
6/12/23	✓	✓		KASS - Conference
6/13/23	✓	✓		KASS - Conference
6/14/23	✓	✓		Floyd County - Prichard
6/15/23		✓		Floyd County - Prichard
6/16/23	✓			
6/19/23	✓			
6/20/23	✓			
6/21/23	✓			
6/22/23	✓			
6/23/23	✓			
6/26/23	NC			
6/27/23	NC			
6/28/23	NC			
6/29/23	1/2 day			
6/30/23	1/2 day			
TOTAL DAYS WORKED		11		

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

[Signature]  
Signature of Employee

6/30/23  
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