

**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: JULY 3, 2023 PAY PERIOD ENDING: JULY 14, 2023

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
7/3/23	✓			
7/4/23	Holiday			
7/5/23	✓			
7/6/23	✓			
7/7/23	✓			
7/10/23	✓			
7/11/23		✓		Principals - High School Conference
7/12/23		✓		Principals High School Conference
7/13/23		✓		Principals High School Conference
7/14/23		✓		Principals High School Conference
7/15/23		✓		Principals High School Conference
TOTAL DAYS WORKED		10		

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

[Signature]  
Signature of Employee

8/23/23  
Date

[Signature]  
Signature of Supervisor

8/23/23  
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