

**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 Brender POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JULY 17, 2023 PAY PERIOD ENDING: JULY 28, 2023

DATE	On Campus Work Day	Off Campus Work day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
7/17/23	✓			
7/18/23	✓			
7/19/23	✓			Carry Over Day
7/20/23	✓			Carry Over Day
7/21/23	✓			Carry Over Day
7/24/23	✓			Carry Over Day
7/25/23	NC			
7/26/23	NC			
7/27/23		✓		KASA - Louisville
7/28/23		✓		KASA - Louisville

TOTAL DAYS WORKED 8

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

                      
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