

PERSONNEL

03.121 AP.23

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 31, 2023 PAY PERIOD ENDING: AUGUST 11, 2023

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
7/31/23	✓			
8/1/23	✓			
8/2/23	✓			
8/3/23	✓			
8/4/23	✓			
8/7/23	✓			
8/8/23	✓			
8/9/23	✓			
8/10/23	✓			
8/11/23	✓			
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

8/12/23
Date

Signature of Supervisor

Date

³LEAVE KEY

E=emergency P=personal
H=holiday S=sick
J=jury U=unpaid
M=military/disaster V=vacation
NC=Non Contract Day

Review/Revised: 3/21/18