Certification of Time for Extended Employment

Each central of Central Office p	fice employee shall co	mplete and submit thi	is form to the immediate s	<u> </u>		VE.	
-	NAME: Say M	2ne/	POSITION/DEPARTME	ENT: Suger:	tenden }		
			ERIOD ENDING: <u>AUGUS</u>	T 25, 2023			
DATE	On Campus Work Day	Off Campus WorkDay	Off Campus Site				
8/14/23							
8/15/23							
8/16/23							
8/17/23							
8/18/23							
8/21/23	/						
8/22/23	~						
8/23/23				NKCES B	pard of Di	Cets Meeting	
8/24/23			7000			2	
8/25/23							
TOTAL DAYS	WORKED 1)					
I hereby dentify Signature of E	Employee	a correct statement o	f actual days worked duri		Date	H=holiday S=	personal sick -unpaid -vacation

Certification of Time for Extended Employment

Each central office	ce employee shall co	mplete and submit thi	s form to the immediate sup	pervisor for each pay period at the	time designated by
Central Office pe	ersonnel.				
EMPLOYEE'S NA	AME: Day	Mener	POSITION/DEPARTMEN	it: <u>Superintender</u>	1
PAY PERIOD BE	EGINNING: AUGUS	T 28, 2023 PAY P	ERIOD ENDING: <u>SEPTEM</u>	BER 8, 2023	
DATE	On Campus Work Day Off Campus Work Day		Off Campus Site	LEAVE TYPE/ AMO	OUNT USED ³
8/28/23					
8/29/23					
8/30/23					
8/31/23					· · · · · · · · · · · · · · · · · · ·
9/1/23	1/a day				
9/4/23					
9/5/23					·
9/6/23					
9/7/23	V				
9/8/23					
TOTAL DAY	S WORKED	2			*
I hereby certify to Signature of En Review/Revise	nployee	a correct statement of Date	f actual days worked during Signature of Supervi		3LEAVE KEY E=emergency P=personal H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day

Certification of Time for Extended Employment

Each central off Central Office p EMPLOYEE'S N	ersonnel.	mplete and submit th	is form to the immediate POSITION/DEPART	5	riod at the time designated by	
PAY PERIOD B	EGINNING: SEPTEN	/BER 11, 2023 P	— AY PERIOD ENDING: <u>S</u>	SEPTEMBER 22, 2023		
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT	USED ³	
9/11/23	V					
9/12/23						
9/13/23		~		NKCES Board	of Director Meeting	<u></u>
9/14/23				KASA New Snot Training		
9/15/23						
9/18/23						
9/19/23						
9/20/23				YSA-NKN 7	Testile Fraktort	
9/21/23	V				/	
9/22/23						
TOTAL DAY	'S WORKED)				
I hereby certify Signature of E. Review/Revise	mployee	a correct statement of Date	f actual days worked d Signature of Sup		E=emergency H=holiday J=jury	VE KEY P=personal S=sick U=unpaid ster V=vacation act Day