

PERSONNEL

03.121 AP.23

**Certification of Time for Extended Employment**

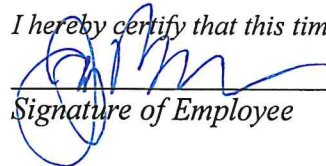
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jay Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: OCTOBER 30, 2023 PAY PERIOD ENDING: NOVEMBER 10, 2023

| DATE              | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED <sup>3</sup>      |
|-------------------|--------------------|---------------------|-----------------|---|
| 10/30/23          | ✓                  |                     |                 |   |
| 10/31/23          | ✓                  |                     |                 |   |
| 11/1/23           | ✓                  | ✓                   |                 | KASA- Superintendent training - Lexington |
| 11/2/23           | ✓                  |                     |                 |   |
| 11/3/23           | ✓                  |                     |                 |   |
| 11/6/23           | 1/2 day            |                     |                 |   |
| 11/7/23           | ✓                  |                     |                 |   |
| 11/8/23           | ✓                  |                     |                 |   |
| 11/9/23           | ✓                  |                     |                 |   |
| 11/10/23          | ✓                  |                     |                 |   |
|                   |                    |                     |                 |   |
|                   |                    |                     |                 |   |
| TOTAL DAYS WORKED |                    | 9 1/2               |                 |   |

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

  
Signature of Employee

11/14/23  
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

Review/Revised: 3/21/18

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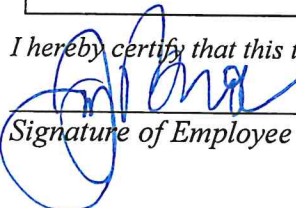
Each central office employee shall complete and submit this form to the immediate supervisor for each pay period at the time designated by Central Office personnel.

EMPLOYEE'S NAME: Jay Menden POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: OCTOBER 9, 2023 PAY PERIOD ENDING: OCTOBER 27, 2023

| DATE              | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED <sup>3</sup> |
|-------------------|--------------------|---------------------|-----------------|--------------------------------------|
| 10/9/23           | ✓                  |                     |                 |                                      |
| 10/10/23          | ✓                  |                     |                 |                                      |
| 10/11/23          | ✓                  |                     |                 |                                      |
| 10/12/23          | ✓                  |                     |                 |                                      |
| 10/13/23          | ✓                  |                     |                 |                                      |
| 10/16/23          | 1/2 day            |                     |                 |                                      |
| 10/17/23          | ✓                  |                     |                 |                                      |
| 10/18/23          | ✓                  |                     |                 |                                      |
| 10/19/23          | ✓                  |                     |                 |                                      |
| 10/20/23          | ✓                  |                     |                 |                                      |
| 10/23/23          | ✓                  |                     |                 |                                      |
| 10/24/23          | ✓                  |                     |                 |                                      |
| 10/25/23          | ✓                  |                     |                 |                                      |
| 10/26/23          | ✓                  |                     |                 |                                      |
| 10/27/23          | ✓                  |                     |                 |                                      |
| TOTAL DAYS WORKED |                    | 14 1/2              |                 |                                      |

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

  
Signature of Employee

11/14/23  
Date

Signature of Supervisor

Date

Review/Revised: 3/21/18

**<sup>3</sup>LEAVE KEY**

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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: SEPTEMBER 25, 2023 PAY PERIOD ENDING: OCTOBER 6, 2023

| DATE              | On Campus Work Day | Off Campus WorkDay | Off Campus Site | LEAVE TYPE/ AMOUNT USED <sup>3</sup> |
|-------------------|--------------------|--------------------|-----------------|--------------------------------------|
| 9/25/23           |                    | ✓                  |                 | KASS - Lexington                     |
| 9/26/23           |                    | ✓                  |                 | KASS - Lexington                     |
| 9/27/23           | ✓                  |                    |                 |                                      |
| 9/28/23           | ✓                  |                    |                 |                                      |
| 9/29/23           | ✓                  |                    |                 |                                      |
| 10/2/23           | ✓                  |                    |                 |                                      |
| 10/3/23           | ✓                  |                    |                 |                                      |
| 10/4/23           | ✓                  |                    |                 |                                      |
| 10/5/23           | ✓                  |                    |                 |                                      |
| 10/6/23           | ✓                  |                    |                 |                                      |
|                   |                    |                    |                 |                                      |
|                   |                    |                    |                 |                                      |
| 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

11/14/23  
Date

[Signature]  
Signature of Supervisor

                      
Date

<sup>3</sup>LEAVE KEY

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Review/Revised: 3/21/18