## Certification of Time for Extended Employment

Each central offi	ice employee shall co		s form to the immediate s		y period at the	time designated by	
Central Office p				C			
EMPLOYEE'S N	AME: Jay 13	lener	POSITION/DEPARTMI	ENT: Jugar	itendent		
PAY PERIOD BI	EGINNING: OCTOB		Y PERIOD ENDING: NOV		_		
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	V			KASA- Syc	antendent	Francis - Leaveton	
11/2/23	<b>✓</b>			0		3	
11/3/23	1						
11/6/23	1/2.29						
11/7/23							
11/8/23							
11/9/23							
11/10/23							
TOTALI	DAYS WORKED	1/2					
MIN	1	a correct statement of	f actual days worked duri				personal sick
Date V Signature of Supervisor Date					11	unpaid	
Review/Revise	d: 3/21/18					110 -11011 Contract Day	

		<u>Certification</u>	of Time for Extended	<u>d Employment</u>			
Central Office n	ersonnel		is form to the immediate sup				
EMPLOYEE'S N	AME: Say 1	Mendel	POSITION/DEPARTMEN	T: Smeet	nterder	<b>-</b>	
	EGINNING: OCTOB		Y PERIOD ENDING: OCTO				
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEA	VE TYPE/ AM	OUNT USED <sup>3</sup>	
10/9/23					57. 32		
10/10/23							
10/11/23	~						
10/12/23			-				
10/13/23	V			Ĭ,			
10/16/23	Va gan						
10/17/23							
10/18/23	<b>✓</b>						
10/19/23							
10/20/23						·····	
10/23/23	. ~						
10/24/23							
10/25/23					,		
10/26/23							
10/27/23	~				1		
TOTAL DAYS W	ORKED 141	la					
AMI UV	19	a correct statement of	factual days worked during	this pay period.		<sup>3</sup> LEAVE DE=emergency	P=personal
Signature of Employee  Date  Signature of Supervisor  Review/Revised: 3/21/18					Date	H=holiday J=jury M=military/disaste NC=Non Contract	

## Certification of Time for Extended Employment

Each central offi Central Office po		omplete and submit t	his form to the immediate so	upervisor for each pag	y period at the	time designated by
EMPLOYEE'S NAME: Jay Brewer		POSITION/DEPARTME	NT. Sylan	itendent.		
	EGINNING: SEPTE		PAY PERIOD ENDING: C		( ) (rides )	<del></del>
DATE	On Campus Work Day	Off Campus WorkDay	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>		
9/25/23	Day	WorkDay		16466	1-	
				KASS -	exinstr	
9/26/23				KASS -	Lexington	
9/28/23	V					
9/29/23						
10/2/23						
10/3/23				-		
10/4/23	V					
10/5/23	V,					
10/6/23						
TOTAL DAY	S WORKED					
I hereby certify t	hat this time sheet is	a correct statement	of actual days worked durir	ng this pay period.		<sup>3</sup> LEAVE KEY
Signature of Employee Date			Signature of Supervisor		Date	E=emergency P=personal H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day
Review/Revise	a: 3/21/18					