

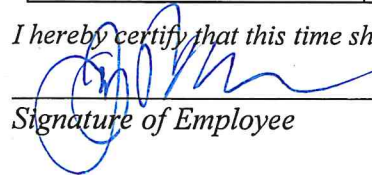
Certification of Time for Extended Employment

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 Menter POSITION/DEPARTMENT: Superintendent
 PAY PERIOD BEGINNING: DECEMBER 18, 2023 PAY PERIOD ENDING: DECEMBER 29, 2023

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ |
|-------------------|--------------------|---------------------|-----------------|--------------------------------------|
| 12/18/23 | ✓ | | | |
| 12/19/23 | ✓ | | | |
| 12/20/23 | NC | | | |
| 12/21/23 | ✓ | | | |
| 12/22/23 | ✓ | | | |
| 12/25/23 | Holiday | | | |
| 12/26/23 | Holiday | | | |
| 12/27/23 | ✓ | | | |
| 12/28/23 | ✓ | | | |
| 12/29/23 | Holiday | | | |
| | | | | |
| | | | | |
| TOTAL DAYS WORKED | | 6 | | |

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


 Signature of Employee

1/24/24
 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

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: Day Mewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: JANUARY 1, 2024 PAY PERIOD ENDING: JANUARY 12, 2024

| DATE | On Campus Work Day | Off Campus Work Day | Off Campus Site | LEAVE TYPE/ AMOUNT USED ³ |
|-------------------|--------------------|---------------------|-----------------|--------------------------------------|
| 1/1/24 | Holiday | | | |
| 1/2/24 | ✓ | | | |
| 1/3/24 | ✓ | | | |
| 1/4/24 | ✓ | | | |
| 1/5/24 | ✓ | | | |
| 1/8/24 | ✓ | | | |
| 1/9/24 | ✓ | | | |
| 1/10/24 | ✓ | | | |
| 1/11/24 | ✓ | | | |
| 1/12/24 | ✓ | | | |
| | | | | |
| | | | | |
| TOTAL DAYS WORKED | | 9 | | |

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

[Signature]
Signature of Employee

1/24/24
Date

[Signature]
Signature of Supervisor

Date

Review/Revised: 3/21/18

³LEAVE KEY

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