

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: FEBRUARY 26, 2024 PAY PERIOD ENDING: MARCH 8, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/AMOUNT USED ³
2/26/24	✓			
2/27/24	✓	✓		KASA - Frankfurt
2/28/24	✓			
2/29/24	✓			
3/1/24	✓	✓		KSBA - Louisville
3/4/24	✓			
3/5/24	✓			
3/6/24	✓			
3/7/24	✓			
3/8/24	✓			
3/2/24	✓	✓		KSBA - Louisville
		11		

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

[Signature]
Signature of Employee

3/26/24
Date

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	

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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 Bleser POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: MARCH 11, 2024 PAY PERIOD ENDING: MARCH 22, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
3/11/24	✓			
3/12/24	✓			
3/13/24	✓			
3/14/24	NC			
3/15/24	NC			
3/18/24	1/2			
3/19/24	✓			
3/20/24	✓			
3/21/24	✓			
3/22/24	✓			
TOTAL DAYS WORKED		7 1/2		

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

[Signature]
Signature of Employee

3/26/24
Date

[Signature]
Signature of Supervisor

Date

Review/Revised: 3/21/18

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