

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 Menter POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: MARCH 25, 2024 PAY PERIOD ENDING: APRIL 5, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
3/25/24	✓			
3/26/24	✓			
3/27/24	✓			
3/28/24	✓			
3/29/24	NC			
4/1/24	NC			
4/2/24	NC			
4/3/24	NC			
4/4/24	NC			
4/5/24	NC			
TOTAL DAYS WORKED		4		

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

[Signature]  
Signature of Employee

4/24/24  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Review/Revised: 3/21/18

**<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