

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: APRIL 29, 2024 PAY PERIOD ENDING: MAY 10, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
4/29/24	✓			
4/30/24	✓			
5/1/24	✓			
5/2/24	✓			
5/3/24	✓			
5/6/24	✓			
5/7/24	✓			
5/8/24	✓			
5/9/24	✓			
5/10/24	✓			
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

5/14/24
Date

[Signature]
Signature of Supervisor

5/14/24
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 Brewer POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: APRIL 8, 2024 PAY PERIOD ENDING: APRIL 26, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
4/8/24	✓			
4/9/24	✓			
4/10/24	✓			
4/11/24	✓			
4/12/24	✓			
4/15/24	✓			
4/16/24	✓			
4/17/24		✓		NKCES Superintendent Meeting
4/18/24	✓			
4/19/24	✓			
4/22/24	✓			
4/23/24	✓			
4/24/24	✓			
4/25/24	✓			
4/26/24	✓			
TOTAL DAYS WORKED		15		

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

Signature of Employee

Date

5/14/24

Signature of Supervisor

Date

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