

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: MAY 13, 2024 PAY PERIOD ENDING: MAY 24, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
5/13/24	✓			
5/14/24	✓			
5/15/24	✓			
5/16/24	✓			
5/17/24	✓			
5/20/24	✓			
5/21/24	✓			
5/22/24	✓			
5/23/24	✓			
5/24/24	✓			
TOTAL DAYS WORKED		10		

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

Signature of Employee

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

PERSONNEL

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**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 Bender POSITION/DEPARTMENT: Superintendent

PAY PERIOD BEGINNING: MAY 27, 2024 PAY PERIOD ENDING: JUNE 7, 2024

DATE	On Campus Work Day	Off Campus Work ay	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
5/27/24	✓			
5/28/24	✓			
5/29/24	✓			
5/30/24	✓			
5/31/24	✓			
6/3/24	✓			
6/4/24	✓			
6/5/24	✓			
6/6/24	1/2			
6/7/24	1/2			
TOTAL DAYS WORKED		9		

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

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Review/Revised: 3/21/18

**<sup>3</sup>LEAVE KEY**

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