

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: Rick Wolf POSITION/DEPARTMENT: DOFT#6/BZ

PAY PERIOD BEGINNING: JUNE 10, 2024 PAY PERIOD ENDING: JUNE 28, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
6/10/24	✓			
6/11/24	✓			
6/12/24	✓			
6/13/24	✓			
6/14/24	✓			
6/17/24	✓			
6/18/24	✓			
6/19/24	✓			
6/20/24	✓			
6/21/24				NL
6/24/24				NC
6/25/24				NC
6/26/24				NL
6/27/24				NC
6/28/24				NC
TOTAL DAYS WORKED				

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

Rick Wolf 7/2/24 _____
 Signature of Employee Date Signature of Supervisor Date

³ LEAVE 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: Rick Wolf POSITION/DEPARTMENT: Superintendent/BO

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

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
7/1/24	✓			
7/2/24	✓			
7/3/24	✓			
7/4/24				H
7/5/24	✓			
7/8/24	✓			
7/9/24	✓			
7/10/24		✓		Frankfort - New Super Training
7/11/24		✓		Frankfort - New Super Training
7/12/24	✓			
TOTAL DAYS WORKED		10		

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

Rick Wolf
Signature of Employee

7/18/24
Date

Signature of Supervisor

Date

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