

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: Superintendent/BO

PAY PERIOD BEGINNING: JULY 15, 2024 PAY PERIOD ENDING: JULY 26, 2024

DATE	On Campus Work Day	Off Campus Work day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
7/15/24		✓	UNITED Conference	
7/16/24		✓	UNITED Conference	
7/17/24		✓	UNITED Conference	
7/18/24	✓			
7/19/24	✓			
7/22/24	✓			
7/23/24	✓			
7/24/24		✓	New Super Intendent Training	
7/25/24		✓	KASA	
7/26/24				NC
7/14/24		✓	UNITED	U
			Conference in Nashville	
TOTAL DAYS WORKED				

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

Rick Wolf
Signature of Employee

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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	