

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: _____ POSITION/DEPARTMENT: _____

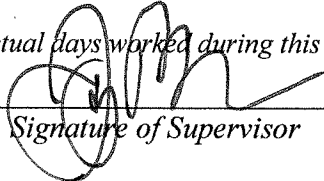
PAY PERIOD BEGINNING: JUNE 10, 2024 PAY PERIOD ENDING: JUNE 28, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
6/10/24	.	✓		KASS
6/11/24		✓		KASS
6/12/24	✓	✓		NKCES
6/13/24		✓		NKCES
6/14/24		✓		NKCES
6/17/24	1/2 1/2			
6/18/24	✓	1/2		
6/19/24	✓			
6/20/24	✓			
6/21/24	NC			
6/24/24	✓			
6/25/24	1/2			
6/26/24	1/2			
6/27/24	1/2			
6/28/24	1/2			
TOTAL DAYS WORKED		11 1/2		

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

³ LEAVE KEY	
E=emergency	P=personal
H=holiday	S=sick
J=jury	U=unpaid
M=military/disaster	V=vacation
NC=Non Contract Day	