

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/RO

PAY PERIOD BEGINNING: AUGUST 26, 2024 PAY PERIOD ENDING: SEPTEMBER 6, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
8/26/24	✓			
8/27/24	✓			
8/28/24	✓			
8/29/24	✓			
8/30/24	✓			
9/2/24	✓ H			
9/3/24	✓			
9/4/24	✓			
9/5/24	✓			
9/6/24	✓			
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

9/9/24
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	