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: __SEPTEMBER 23, 2024__   PAY PERIOD ENDING: __OCTOBER 4, 2024__

DATE	On Campus Work Day	Off Campus WorkDay	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
9/23/24	✓			
9/24/24	✓			
9/25/24	✓			
9/26/24	✓			
9/27/24	✓			
9/30/24				Sick
10/1/24	✓			
10/2/24	✓			
10/3/24	✓			
10/4/24	✓			
TOTAL DAYS WORKED	10			

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

Rick W. Wolf   _10/7/24_
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	

Review/Revised: 3/21/18