

**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: OCTOBER 7, 2024 PAY PERIOD ENDING: OCTOBER 25, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
10/7/24	✓			
10/8/24	✓			
10/9/24	✓			
10/10/24	✓			
10/11/24	✓			
10/14/24	✓			
10/15/24	✓			
10/16/24	✓			
10/17/24	✓			
10/18/24	✓			
10/21/24	✓			
10/22/24	✓			
10/23/24	✓			
10/24/24	✓			
10/25/24	✓			
<b>TOTAL DAYS WORKED</b>	<u>15</u>			

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

Rick Wolf  
Signature of Employee

10/28/24  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

<sup>3</sup> 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: OCTOBER 28, 2024 PAY PERIOD ENDING: NOVEMBER 8, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
10/28/24	✓			
10/29/24	✓			
10/30/24		✓	New Superintendent Training	
10/31/24	✓			
11/1/24	✓			
11/4/24	✓			
11/5/24	✓			Holiday - Presidential Election
11/6/24	✓			
11/7/24	✓			
11/8/24	✓			
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

11/18/24  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

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