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 tin	e designated by
Central Office personnel.	•

EMPLOYEE'S N.	AME: 12 CCK L	Jo (f	POSITION/DEPARTMEN	T: Superintenden	t/RD
PAY PERIOD BI	EGINNING: OCTOB	ER 7, 2024 PAY	PERIOD ENDING: OCTOB	BER 25, 2024	
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ A	AMOUNT USED ³
10/7/24	V				
10/8/24					
10/9/24					
10/10/24					
10/11/24	/				
10/14/24	V				
10/15/24					
10/16/24					
10/17/24	/				
10/18/24	<i></i>				
10/21/24	/				
10/22/24					
10/23/24					
10/24/24	/				
10/25/24	V			****	
TOTAL DAYS WO	ORKED / 5				
I hereby certify the Relation	hat this time sheet is	a correct statement of 10/28/24	actual days worked during	this pay period.	³ LEAVE KEY E=emergency P=personal
ReCh.WR 10 Signature of Employee Date		Date	Signature of Supervisor		H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day
Review/Revised	1: 3/21/18				The from Contract Day

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EMPLOYEE'S NAME: RICK WOIF		101f	Position/DEPARTMENT: Superintendent/BO				
PAY PERIOD B	BEGINNING: OCTOB	ER 28, 2024 PA	AY PERIOD ENDING: NO	VEMBER 8, 2024			
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ A	EAVE TYPE/ AMOUNT USED ³		
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-Prasident	residential Election		
11/6/24	/						
11/7/24	/						
11/8/24		***************************************					
TOTAL	DAVGWORKED 4						
IOIAL	DAYS WORKED / C)					
· ^ ·		a correct statement o	of actual days worked dur	ring this pay period.	³ LEAVE KEY E=emergency P=personal		
Signature of Employee Date		Signature of Supervisor D		H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation			
Review/Revise	ed: 3/21/18				NC=Non Contract Day		