

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: NOVEMBER 25, 2024 PAY PERIOD ENDING: DECEMBER 13, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
11/25/24	✓			
11/26/24	✓			
11/27/24	✓			
11/28/24				H
11/29/24				NC
12/2/24	✓			
12/3/24	✓			
12/4/24	✓			
12/5/24	✓			
12/6/24	✓			
12/9/24		✓	KLAS	
12/10/24	✓			
12/11/24	✓			
12/12/24	✓			
12/13/24	✓			
TOTAL DAYS WORKED		15		

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

Rick Wolf
Signature of Employee

12/14/24
Date

Signature of Supervisor

Date

Review/Revised: 3/21/18

³LEAVE 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/B0

PAY PERIOD BEGINNING: NOVEMBER 11, 2024 PAY PERIOD ENDING: NOVEMBER 22, 2024

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED ³
11/11/24	✓			
11/12/24	✓			
11/13/24		✓	Elizabethtown	New Super Training
11/14/24	✓			
11/15/24	✓			
11/18/24	✓			
11/19/24	✓			
11/20/24	✓			
11/21/24	✓			
11/22/24	✓			
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

12/3/24
Date

Signature of Supervisor

Date

Review/Revised: 3/21/18

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