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: **DECEMBER 16, 2024**   PAY PERIOD ENDING: **JANUARY 3, 2025**

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
12/16/24	✓			
12/17/24	✓			
12/18/24	✓			
12/19/24	✓			
12/20/24	✓			
12/23/24	✓			
12/24/24			H	
12/25/24			H	
12/26/24				
12/27/24	✓			
12/30/24	1/2			
12/31/24			H	
1/1/25			H	
1/2/25			NC	
1/3/25			NC	
TOTAL DAYS WORKED	11.5			

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

_____   _1/7/25_   _____   _____
Signature of Employee   *Date*   *Signature of Supervisor*   *Date*

Review/Revised: 3/21/18

[3]LEAVE KEY	
E=emergency	P=personal
H=holiday	S=sick
J=jury	U=unpaid
M=military/disaster	V=vacation
NC=Non Contract Day	

PERSONNEL

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: JANUARY 6, 2025 PAY PERIOD ENDING: JANUARY 17, 2025

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
1/6/25	1/2	1/2	Home	
1/7/25	✓			
1/8/25	✓			
1/9/25	✓			
1/10/25	✓			
1/13/25	✓			
1/14/25		✓	Lexington	
1/15/25		✓	Frankfort	
1/16/25	✓			
1/17/25	✓			
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 _1/21/25_ _____ _____

Signature of Employee   Date   Signature of Supervisor   Date

[3]LEAVE KEY	
E=emergency	P=personal
H=holiday	S=sick
J=jury	U=unpaid
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NC=Non Contract Day	

Review/Revised: 3/21/18