Certification of Time for Extended Employment

Each central office employee shall complete and submit this form to t	ne immediate supervisor for each pay period at the time designated by
Central Office personnel.	

EMPLOYEE'S NAME: Rick Wolf Position/DEPARTMENT: Superintendent/Boardoffico PAY PERIOD BEGINNING: FEBRUARY 3, 2025 PAY PERIOD ENDING: FEBRUARY 14, 2025 Off Campus Site DATE On Campus Work Off Campus Work ay LEAVE TYPE/AMOUNT USED³ Day 2/3/25 **V** 2/4/25 2/5/25 2/6/25 2/7/25 2/10/25 PlainTalk 2/11/25 Plain Talle 2/12/25 Plain Talk Plain Talf 2/13/25 2/14/25 TOTAL DAYS WORKED 0 I hereby certify that this time sheet is a correct statement of actual days worked during this pay period. 3LEAVE KEY Signature of Employee Tale P=personal E=emergency S=sick H=holiday Date J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day Review/Revised: 3/21/18

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Central Office		imprete and submit this	, ioini to the inimediate	supervisor for each	pay period at ti	time designated by
EMPLOYEE'S NAME: 1216 Wolf		Position/DEPARTMENT: Superintendent Board office				
	BEGINNING: <u>JANUA</u>		y Period Ending: <u>JA</u>	,		
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	Off Campus Site LEAVE TYPE/ AMOUNT USED ³		
1/20/25				H		
1/21/25	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
1/22/25						
1/23/25						
1/24/25						
1/27/25	/					
1/28/25	V.					
1/29/25	/					
1/30/25						
1/31/25	V					
					the state of the s	
TOTAL	DAYS WORKED / [)				
I hereby certify	that this time sheet is	a correct statement of	actual days worked dur	ring this pay period.		³ LEAVE KEY
Pel	WWM	2/17/25				E=emergency P=personal
Signature of Employee Date		Signature of Supervisor I		Date	H=holiday S=sick J=jury U=unpaid M=military/disaster V=vacation	
Review/Revis	sed: 3/21/18					NC=Non Contract Day