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/Board office_

PAY PERIOD BEGINNING: __FEBRUARY 3, 2025__ PAY PERIOD ENDING: __FEBRUARY 14, 2025__

DATE	On Campus Work Day	Off Campus Work ay	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
2/3/25	✓			
2/4/25	✓			
2/5/25	✓			
2/6/25	✓			
2/7/25	✓			
2/10/25	✓			
2/11/25		✓	Plain Talk	
2/12/25		✓	Plain Talk	
2/13/25		✓	Plain Talk	
2/14/25		✓	Plain Talk	
TOTAL DAYS WORKED	10			

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

Rick W. W.   _2/17/25_
Signature of Employee   *Date*   *Signature of Supervisor*   *Date*

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

Review/Revised: 3/21/18

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/Board Office_

PAY PERIOD BEGINNING: **JANUARY 20, 2025**____ PAY PERIOD ENDING: **JANUARY 31, 2025**____

DATE	On Campus Work Day	Off Campus Work Day	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	✓			
1/29/25	✓			
1/30/25	✓			
1/31/25	✓			
TOTAL DAYS WORKED	10			

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

_Rick W. Wolf_____   _2/17/25_____   _____   _____
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
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