## **<u>Certification of Time for Extended Employment</u>**

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		o IF		MENT: Suparia	• 1		
	BEGINNING: MARCH		RIOD ENDING: APRIL			f	
DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMO	UNT USED <sup>3</sup>		
3/31/25							
4/1/25	/						
4/2/25	V						
4/3/25	V						
4/4/25	V						
4/7/25	V						
4/8/25							
4/9/25	/						
4/10/25							
4/11/25	12			1/2 NC			
TOTAL DAYS	WORKED						
	that this time sheet is	a correct statement of	actual days worked du	ring this pay period.			rsonal
Signature of Employee		Date	Signature of Supervisor		Date	H=holiday S=sic J=jury U=un M=military/disaster V=va NC=Non Contract Day	paid
Review/Revis	sea: 3/21/18						

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Central Office personnel.	

Position/DEPARTMENT: Superintendent/Board office EMPLOYEE'S NAME: Rick Wilf PAY PERIOD BEGINNING: FEBRUARY 17, 2025 PAY PERIOD ENDING: FEBRUARY 28, 2025 On Campus Work **Off Campus Site** Off Campus Work LEAVE TYPE/ AMOUNT USED<sup>3</sup> DATE Day Day 2/17/25 2/18/25 2/19/25 2/20/25 KSBA 2/21/25 2/24/25 2/25/25 2/26/25 2/27/25 2/28/25 TOTAL DAYS WORKED 10 I hereby certify that this time sheet is a correct statement of actual days worked during this pay period. <sup>3</sup>LEAVE KEY E=emergency P=personal H=holiday S=sick Signature of Supervisor Signature of Employee Date J=jury U=unpaid M=military/disaster V=vacation NC=Non Contract Day Review/Revised: 3/21/18

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EMPLOYEE'S NAME: Rick Walf Position/DEPARTMENT: Superintendent, B.D.

PAY PERIOD BEGINNING: MARCH 3, 2025 PAY PERIOD ENDING: MARCH 14, 2025

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/AMOUNT USED3
3/3/25	V			
3/4/25	/			
3/5/25	/			
3/6/25	/			
3/7/25	/			
3/10/25	/			_
3/11/25	V			
3/12/25	1/2	1/2	NKCES	
3/13/25	V.			
3/14/25				

-	10		1			
I hereby certify that this time s  Pluble Signature of Employee  Review/Revised: 3/21/18	sheet is a cori	rect statement 3   3     i  Date	t of actual days worked during this pay peri 25 Signature of Supervisor	Date	3LEAVI E=emergency H=holiday J=jury M=military/disas NC=Non Contrac	P=personal S=sick U=unpaid ster V=vacation

## <u>Certification of Time for Extended Employment</u>

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: RUK WOLF	POSITION/DEPARTMENT: Superintendent, B.D.
PAY PERIOD BEGINNING: MARCH 17, 2025	PAY PERIOD ENDING: MARCH 28, 2025

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
3/17/25				
3/18/25	·			
3/19/25	/			
3/20/25	/			
3/21/25	/			
3/24/25	/			
3/25/25	V			
3/26/25	/			
3/27/25		/	New superinte	adant Training
3/28/25	V		<b>J</b>	
TOTAL	DAYS WORKED 1 A			

TOTAL DAYS WORKED / O					
hereby certify that this time sheet is a least the sheet the sh	a correct statement of  3/31/25  Date	actual days worked during this pay per - Signature of Supervisor	riod. Date	<sup>3</sup> LEAVE II E=emergency H=holiday J=jury M=military/disaste NC=Non Contract	P=personal S=sick U=unpaid r V=vacation