

PERSONNEL

03.121 AP.23

**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/B.O.

PAY PERIOD BEGINNING: MARCH 31, 2025 PAY PERIOD ENDING: APRIL 11, 2025

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
3/31/25	✓			
4/1/25	✓			
4/2/25	✓			
4/3/25	✓			
4/4/25	✓			
4/7/25	✓			
4/8/25	✓			
4/9/25	✓			
4/10/25	✓			
4/11/25	1/2			1/2 NC
TOTAL DAYS WORKED				

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

Rick Wolf  
Signature of Employee

4/14/25  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**<sup>3</sup>LEAVE 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

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EMPLOYEE'S NAME: Rick Wolf POSITION/DEPARTMENT: Superintendent/Board office

PAY PERIOD BEGINNING: FEBRUARY 17, 2025 PAY PERIOD ENDING: FEBRUARY 28, 2025

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED <sup>3</sup>
2/17/25	✓			
2/18/25	✓			
2/19/25	✓			
2/20/25	✓			
2/21/25		✓	KsBA	
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.

Rick Wolf  
Signature of Employee

3/31/25  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**<sup>3</sup>LEAVE KEY**

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EMPLOYEE'S NAME: Rick Wolf 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 USED <sup>3</sup>
3/3/25	✓			
3/4/25	✓			
3/5/25	✓			
3/6/25	✓			
3/7/25	✓			
3/10/25	✓			
3/11/25	✓			
3/12/25	1/2	1/2	NKCES	
3/13/25	✓			
3/14/25	✓			
	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

3/31/25  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Review/Revised: 3/21/18

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EMPLOYEE'S NAME: Rick Wolf POSITION/DEPARTMENT: Superintendent, B.O.

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	✓			
3/26/25	✓			
3/27/25		✓	New Superintendent Training	
3/28/25	✓			
TOTAL DAYS WORKED		10		

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

Rick Wolf  
Signature of Employee

3/31/25  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

Review/Revised: 3/21/18

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