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: MAY 12, 2025 **PAY PERIOD ENDING:** MAY 23, 2025

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
5/12/25	✓			
5/13/25	✓			
5/14/25	✓			
5/15/25	✓			
5/16/25	✓			
5/19/25	✓			
5/20/25	✓			
5/21/25	✓			
5/22/25	✓			
5/23/25	✓			
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 6/16/25

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 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: MAY 26, 2025 **PAY PERIOD ENDING:** JUNE 6, 2025

DATE	On Campus Work Day	Off Campus Work ay	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
5/26/25	✓			
5/27/25	✓			
5/28/25	✓			
5/29/25	✓			
5/30/25	1/2			1/2 NC
6/2/25	✓			
6/3/25	✓			
6/4/25	✓			
6/5/25	✓			
6/6/25	✓			
TOTAL DAYS WORKED	9 1/2			

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

Rick Wolf — *Signature of Employee*; 6/14/25 — *Date*; _____ — *Signature of Supervisor*; _____ — *Date*

[3]LEAVE KEY

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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/B.O.

PAY PERIOD BEGINNING: JUNE 9, 2025 **PAY PERIOD ENDING:** JUNE 30, 2025

DATE	On Campus Work Day	Off Campus Work Day	Off Campus Site	LEAVE TYPE/ AMOUNT USED[3]
6/09/25	✓			
6/10/25		✓	Frankfort - New Super Training	
6/11/25		✓	" "	" " / Louisville - NKCES
6/12/25		✓	NKCES Retreat	
6/13/25	✓			
6/16/25	✓			
6/17/25	✓			
6/18/25	1/2			1/2 NC
6/19/25				NC
6/20/25				NC
6/23/25				NC
6/24/25				NC
6/25/25				NC
6/26/25				NC
6/27/25				NC
6/30/25				NC
TOTAL DAYS WORKED	7 1/2			

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

Rick Wolf — *Signature of Employee*

6/16/25 — *Date*

Signature of Supervisor

Date

Review/Revised: 3/21/18

[3]LEAVE KEY

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