



KEDC EXEMPT EMPLOYEE CERTIFICATION OF TIME

PRINTED NAME: _____

PAY PERIOD

FROM: _____ TO: _____

SIGNATURE: _____

PROJECT/JOB																		
	S	M	T	W	R	F	S	TOTAL	S	M	T	W	R	F	S	TOTAL		
TOTAL WEEK 1							TOTAL WEEK 2											
GRAND TOTAL																		

Supervisor: _____

Department Head: _____

STATUS CODES

C=CONTRACT DAY
 N=NON CONTRACT DAY
 S=SICK/EMERGENCY DAY
 P=PERSONAL DAY
 H=HOLIDAY

Contract Days		
Non-Contract		
Sick		
Personal		
Holiday		

FY06-07
Totals Used/
Worked

KEDC Policy 03.125 Expense Reimbursement states that reimbursement requests must be submitted within sixty (60) days after travel occurs or no payment will be issued.