

**SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE #618**

Monthly time report beginning \_\_\_\_\_ and ending \_\_\_\_\_

Employees Name: \_\_\_\_\_ Position \_\_\_\_\_

WEEK #1		WEEK #2		WEEK #3		WEEK #4		WEEK #5	
Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
	IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____
Mon.	IN _____ OUT _____	Mon.	IN _____ OUT _____	Mon.	IN _____ OUT _____	Mon.	IN _____ OUT _____	Mon.	IN _____ OUT _____
	IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____
Tues.	IN _____ OUT _____	Tues.	IN _____ OUT _____	Tues.	IN _____ OUT _____	Tues.	IN _____ OUT _____	Tues.	IN _____ OUT _____
	IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____
Wed.	IN _____ OUT _____	Wed.	IN _____ OUT _____	Wed.	IN _____ OUT _____	Wed.	IN _____ OUT _____	Wed.	IN _____ OUT _____
	IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____
Thurs.	IN _____ OUT _____	Thurs.	IN _____ OUT _____	Thurs.	IN _____ OUT _____	Thurs.	IN _____ OUT _____	Thurs.	IN _____ OUT _____
	IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____
Fri.	IN _____ OUT _____	Fri.	IN _____ OUT _____	Fri.	IN _____ OUT _____	Fri.	IN _____ OUT _____	Fri.	IN _____ OUT _____
	IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____		IN _____ OUT _____
Total Hours This Week		Total Hours This Week		Total Hours This Week		Total Hours This Week		Total Hours This Week	

Time sheets are to be mailed to the Central Office on the last day of each month.

TOTAL HOURS THIS PERIOD \_\_\_\_\_

Mail this report to:  
Special Education Office  
620 Industrial, Box 760  
Goddard, Ks. 67052

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
SUPERVISOR