

# SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE #618

Monthly Time report beginning \_\_\_\_\_ and ending \_\_\_\_\_

Employee Name \_\_\_\_\_ Position \_\_\_\_\_

Reason for Absence		
A) Family illness (Child)	F) Bereavement Leave (Child)	K) Personal Illness
B) Family Illness (Spouse)	G) Bereavement Leave (Spouse)	L) Personal Leave
C) Family Illness (Parent)	H) Bereavement Leave (Parent)	M) Approved FMLA Leave
D) Family Illness (Grandparent)	I) Bereavement Leave (G-parent)	N) Approved Workman's Comp Leave
E) Family Illness (Sibling)	J) Bereavement Leave (Sibling)	O) Unscheduled School Closing.

	Week #1		Week #2		Week #3		Week #4		Week #5	
<b>M O N D A Y</b>	Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____
	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____
	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____
<b>T U E S</b>	Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____
	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____
	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____
<b>W E D</b>	Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____
	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____
	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____
<b>T H U R S</b>	Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____
	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____
	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____
<b>F R I D A Y</b>	Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____	_____ In _____
	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____	_____ Out _____
	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____	_____ In _____ (hours) Out _____
	Total hrs this wk		Total hrs this wk		Total hrs this wk		Total hrs this wk		Total hrs this wk	

Time sheets are due to Co-Op on the last work day of the month:	<b>TOTAL Hours worked</b> this time period _____ Record time as " <b>Hours : Minutes</b> " ( <i>NOT</i> fractions or decimals)
<a href="http://www.copleys.com/timecard">www.copleys.com/timecard</a>	<b>EMPLOYEE Signature</b> _____ I verify that the days and hours indicated as worked are accurate. I understand that recording inaccurate time worked is considered fraud and is grounds for termination.
<b>Fax: 794-2439</b>	
Mail: Special Education Office 620 Industrial, Box 760 Goddard, KS 67052	<b>SUPERVISOR Signature</b> _____ I verify that this employee worked the hours and days indicated. (ESC 108 Rev 12/11)