

**REGION III SPECIAL EDUCATION COOPERATIVE**

1800 Storey Lane  
Cottage Hills, IL 62018  
(618) 462-1031

**TIME SHEET**

**SEND TO REGION III THE LAST DAY OF EACH MONTH**

**NAME:** \_\_\_\_\_ **MONTH:** \_\_\_\_\_, 20 \_\_\_\_

**IF SUBSTITUTE,  
SUBBED FOR:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

<b>DATE</b>	<b>HOUR TO HOUR</b>	<b>NO. HOURS</b>	<b>DATE</b>	<b>HOUR TO HOUR</b>	<b>NO. HOURS</b>
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16			<b>TOTAL HOURS</b>		

**ACTUAL HOURS MUST BE REFLECTED. FLEXIBLE HOURS DO NOT EXIST IN CONTRACT. MARK TIME WORKED EACH DAY AND INDICATE WITH LETTER "A" FOR ABSENT. IF EMPLOYEE WAS ABSENT BECAUSE OF PERSONAL ILLNESS OR APPROVED EXCUSE, ADD THIS INFORMATION BELOW:**

**ABSENCE DUE TO:** \_\_\_\_\_

**I HEREBY CERTIFY THAT THE EMPLOYEE NAMED HEREIN HAS FAITHFULLY PERFORMED THE DUTIES INCIDENTAL TO HIS/HER USUAL EMPLOYMENT, AND IS ENTITLED TO REGULAR COMPENSATION FOR THE TIME SPECIFIED:**

**SUPERVISOR(S) SIGNATURE:** \_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

**TOTAL HOURS:** \_\_\_\_\_ **X** **RATE:** \_\_\_\_\_ **=** **TOTAL SALARY:** \_\_\_\_\_