MONTHLY VERIFICATION OF EMPLOYMENT

All Cooperative staff must complete this form and submit it to the Cooperative office at the end of each month of employment.

Directions: Using the monthly calendar grid below insert one of the following employment activity codes to identify your employment activity each calendar day.

EMPLOYMENT ACTIVITIES CODES

Day(s) worked per month insert code . . . .   DW
Sick day(s) used per month insert code . . . .   SD
Personal day(s) used per month insert code . . . .   PD
In-service or Professional training day(s) used per month insert code . . . .   IT
Day(s) school was closed per month insert code . . . .   SC
Parent-Teacher conference day(s) insert code . . . .   PT
Each Parent-Teacher conference day requires six (6) hours of conference time at school site(s).

*Preschool Teacher and Speech-Language Pathologist monthly verification forms **MUST** total 180 days per year.*
 *Do **NOT** exceed 180 days without written approval from the Cooperative Director.*

Month Worked: _____ **October 2019** _____

Employee's Signature: _____   **Date:** _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14 *Columbus Day*	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31 *Halloween*		

Email to Michelle.Haagenstad@k12.sd.us or fax to the Cooperative office at 271-0220.

MIT =   MPD =   MSD =   MDW =   MPT =   MSC =

YIT =   YPD =   YSD =   YDW =   YPT =   YSC =