

## **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: September 2019

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email to [Michelle.Haagenstad@k12.sd.us](mailto: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 =