

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: August 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	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

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 =