SOUTHERN **P**LAINS **E**DUCATION **C**OOPERATIVE
1200 N. Park St. * Fairmont, MN 56031
Phone (507) 238-1472 * Fax (507) 238-2361

TIME SHEET 2023-2024

*SEND TO **JUDY BERKLAND** BY THE LAST DAY OF EACH MONTH*

NAME _____ **BUILDING**_____

POSITION _____ **OVERTIME: Yes No**

PAY CODE _____ **RATE OF PAY** _____

SUBSTITUTING FOR _____ (7:45) (3:15) (1.5 OR 1 HR 30 MIN)

MO/DAY/YR	DESCRIPTION	STAFF REPLACING	START	END TIME	HRS/MINS
				TOTAL HOURS	
	For Office Use Only				
TOTAL HRS					
TOTAL	**$**				

EMPLOYEE SIGNATURE _____DATE _____

PRINT NAME _____

CASE MANAGER/BUILDING ADMINISTRATOR'S INITIALS (PARAS ONLY) _____

DIRECTOR'S SIGNATURE _____DATE _____

UPDATED 7-26-2023