

# SOUTHERN PLAINS EDUCATION COOPERATIVE

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## Time Sheet 2024-2025

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 TIME	END TIME	HRS/MINS
	<i>For Office Use Only</i>	<b>TOTAL HOURS</b>			
<b>TOTAL HRS</b>					
<b>TOTAL</b>	\$				

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

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

DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_