

Kentucky Valley Educational Cooperative
 Adult Education Program
Monthly Time Sheet

EMPLOYEE _____ **COUNTY CENTER** _____

DATE	ABE/GED	FAMILY LITERACY	CORRECTIONS	WORKPLACE	TOTAL
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					
Total					
Office Use					

Days Contract _____

Days to Date _____

Days Reported _____

Days Remaining _____

I hereby certify that the hours of instruction were provided in each funding source and that these hours are not being submitted for payment to any other agency or program.

Signature: _____ Date _____

Supervisor: _____ Date _____