

Kentucky Valley Educational Cooperative

Monthly Time Sheet

Month - _____

EMPLOYEE _____ Project/Department _____

DATE	School A	School B	School C	Other	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/Hours of Contract: _____

Days/Hours to Date: _____

Days Reported _____

Days Remaining _____

I hereby certify that the work hours were provided at or for each listed location and that these hours are not being submitted for payment to any other agency or program.

Signature: _____ Date _____

Supervisor: _____ Date _____