

# 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 \_\_\_\_\_