

# HIGH PLAINS EDUCATIONAL COOPERATIVE MONTHLY TIME SHEET

EMPLOYEE NAME: \_\_\_\_\_

TOWN: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

MONTH OF \_\_\_\_\_

DATE	A.M.		P.M.		TOTAL	REASON FOR ABSENCE
	IN	OUT	IN	OUT		
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

MONTH OF \_\_\_\_\_

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

TOTAL HOURS WORKED \_\_\_\_\_

SIGNATURE OF SUPERVISING TEACHER \_\_\_\_\_