

ECSE Extended School Year Pay Request

Revised 4/2025

Employee's Name: _____ Month Pay Requested For: _____

Please print, sign and e-mail to: Dean.Kueter@k12.sd.us or mail to: Cornbelt Educational Cooperative

1000 North West Avenue Suite 240
Sioux Falls, SD 57104

This form must be received at the Cooperative Office by the 6th of each month in order to be paid during that month.

ECSE Extended School Year Service Report

Date Worked	Student's Initials	PRESCHOOL		*BIRTH TO 3		EVALUATIONS			Driving Time
		Preschool	Indirect Service Time	Home Visit	Indirect Service Time	Time Evaluating	Report Writing	Meeting Time	
		hours	hours	hours	hours	15 min units (12 max)	15 min units (4 max)	hours	
Total Time		0	0	0	0	0	0	0	0.00
Pay		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
OFFICE USE ONLY		ESYECSESS	ESYINDSVEC	BTO3EC	BTO3ECIND	EVALEC	EVALRPTWRE	MTGEC	DRVTIMEEC

*If services for prolonged Birth to 3 are provided, you must also complete the Birth to 3 Prolonged Assistance Verification Form and mail it to: Attn: Pam Selken, 1000 North West Avenue Suite 240, Sioux Falls, SD 57104

Total Pay:	\$0.00
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I declare and affirm under penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Verification by Claimant: _____

Signature

Date

Funds will be direct deposited by the 15th of each month.

FOR BUSINESS OFFICE USE ONLY

Approval by Supervisor _____

Approval by Business Manager _____