

Cornbelt Educational Cooperative

Substitute Timesheet

Please Print

Substitute Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Mail to:

Cornbelt Educational Cooperative

817 N. Elmwood Ave.

Sioux Falls, SD 57104

Phone: 605-271-0218 Fax: 605-271-0220

Email: Jessica.McIlravy@k12.sd.us

Date Worked:	Substitute For:	School	Time In	Time Out	Total Hours	Hourly Rate of Pay	Full Day Rate of Pay	Half Day Rate of Pay	Total Daily Amount
			:	:		\$	\$	\$	\$
			:	:		\$	\$	\$	\$
			:	:		\$	\$	\$	\$
			:	:		\$	\$	\$	\$
			:	:		\$	\$	\$	\$
<i>Time worked between the 1st -15th of the month must be turned in by the 20th to be paid on the last day of the month.</i> <i>Time worked between the 16th -31st must be turned in by the 5th of the next month to be paid on the 15th.</i> <i>Funds are paid by direct deposit.</i>								<u>TOTAL PAY</u>	
								\$	

**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.**

Substitute Signature: _____

Date: _____

ECE Employee Signature: _____

Date: _____

School Administrator Signature: _____

Date: _____

For Office Use Only

Approval By Business Manager or Director: _____

Date: _____

Approval By EC/Speech Coordinator: _____

Date: _____