# MONTHLY VERIFICATION OF EMPLOYMENT

All Cooperative staff must complete this form and submit it to the Cooperative office at th[...] each month of employment.

**Directions:** Using the monthly calendar grid below insert one of the following employment activity codes to identify your employment activity each calendar day.

## EMPLOYMENT ACTIVITIES CODES

Day(s) worked per month insert code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . DW
Sick day(s) used per month insert code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . SD
Personal day(s) used per month insert code . . . . . . . . . . . . . . . . . . . . . . . . . . . . PD
In-service or Professional training day(s) used per month insert code . . . . . . . . . IT
Day(s) school was closed per month insert code . . . . . . . . . . . . . . . . . . . . . . . . . SC
Parent-Teacher conference day(s) insert code . . . . . . . . . . . . . . . . . . . . . . . . . . . PT
*Each Parent-Teacher conference day requires six (6) hours of conference time at scho[...]*

*Preschool Teacher and Speech-Language Pathologist monthly verification forms <u>MUST</u> total 180 days pe[...]
Do <u>NOT</u> exceed 180 days without written approval from the Cooperative Director.*

**Month Worked:** **February 2023**

**Employee's Signature:** _____   **Date:** _____

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
|  |  |  | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 President's Day | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 |  |  |  |  |
|  |  |  |  |  |  |  |

*Email or fax to the Cooperative office.*

| MIT = | MPD = | MSD = | MDW = | MPT = | MSC = |
|---|---|---|---|---|---|
| YIT = | YPD = | YSD = | YDW = | YPT = | YSC = |