

Cornbelt Educational Cooperative
Substitute Timesheet

Please Print
 Substitute Name: _____
 Address: _____
 Phone: _____

Mail to:
 Cornbelt Educational Cooperative
 1000 N West Ave., Suite 240
 Sioux Falls, SD 57104
 Phone 605-271-0218 Fax: 605-271-0220

Date Worked:	Substitute For:	School	Time In	Time Out	Total Hours	
Total Hours Worked						

**Timesheet must be received by the 6th of each month in order to be paid the following month.
 Funds will be direct deposited or mailed by the 15th of each month.**

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: _____
 Employee Signature: _____ Date: _____
 Administrator Signature: _____ Date: _____

For Office Use Only

Approval By: Business Manager _____ Date: _____
 Approval By EC/Speech Coordinator: _____ Date: _____

Rate of Pay	Per hour/day
Total Pay Requested	