

# SLP 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.

## SLP Extended School Year Service Report

Date Worked	Student's Initials	SPEECH		*BIRTH TO 3		EVALUATIONS			Driving Time
		Therapy Time	Indirect Service Time	Home Visit	Indirect Service Time	Time Evaluating	Report Writing	Meeting Time	
		15 min units	hours	hours	hours	15 min units (12 max)	15 min units (4 max)	hours	
	<b>Total Time</b>	0	0	0	0	0	0	0	0.00
	<b>Pay</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>OFFICE USE ONLY</b>		ESYSPEECH	ESYINDSVSP	BTO3SPEECH	BTO3SPIND	EVALSP	EVALRPTWRS	MTGSPEECH	DRVTIMSS

\*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**

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 \_\_\_\_\_