

**Cornbelt Educational Cooperative**  
**1000 N. West Ave., Suite 240**  
**Sioux Falls, SD 57104**  
**(605) 271-0218**

**Substitute Timesheet**

Substitute Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Employee Absent: \_\_\_\_\_

Date Worked	# of Hours/Days

Total Hours/Days Reported: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_ per hour/day  
Total Pay Request: \_\_\_\_\_

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.

Claimant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail to: **Cornbelt Educational Cooperative**  
**1000 N. West Ave., Suite 240**  
**Sioux Falls, SD 57104**

Time sheet must be received by the 6th of each month in order to be paid during that month.  
Funds will be direct deposited or mailed by the 15th of each month.

Approval by Business Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
Approval by EC/Speech Coordinator : \_\_\_\_\_ Date: \_\_\_\_\_