

NCKSEC Interlocal #636

Revised 07/15

P.O. Box 369, Phillipsburg, KS 67661

Phone: 785-543-2149

www.ncksec.net

Fax: 785-543-6654

EMPLOYEE NAME _____ **SCHOOL DISTRICT USD #** _____

SUPERVISING TEACHER _____ **ES MS/JH HS MONTH ENDING** _____

***** Leave/Absence Reports must be mailed or faxed to NCKSEC for all absences:*****
Sick, Bereavement, Personal, Professional/Inservice, Jury/Court, District Sub, Vacation or any Other Absence.

Week of:		Monday		Tuesday		Wednesday		Thursday		Friday		Weekly	Date & Reason for Absence	
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Totals		***
AM	IN													
	OUT													
PM	IN													
	OUT													
Time Worked Each Day														
Week of:		Monday		Tuesday		Wednesday		Thursday		Friday				***
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.			***
AM	IN													
	OUT													
PM	IN													
	OUT													
Time Worked Each Day														
Week of:		Monday		Tuesday		Wednesday		Thursday		Friday			***	
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.		***	
AM	IN													
	OUT													
PM	IN													
	OUT													
Time Worked Each Day														
Week of:		Monday		Tuesday		Wednesday		Thursday		Friday				***
		Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.	Hr.	Min.			***
AM	IN													
	OUT													
PM	IN													
	OUT													
Time Worked Each Day														

In order that we may comply with the Wage-Hour Law, each employee is required to fill in the time worked each day and turn in this sheet at the end of the month. If called away during working hours, notation of this time should be made in the reason for absence column.

Monthly Total

Employee Signature _____

Please send to NCKSEC on the last working day of the month.

Administrator Signature _____