



TAZEWELL-MASON COUNTIES SPECIAL EDUCATION ASSOCIATION

Administrative Office
300 Cedar St., Pekin, IL 61554

Time Sheet

Pay Period: ____/____/____ through ____/____/____

Hourly/Daily Rate Per Agreement: \$_____

List Dates/Hours Worked:

____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____

Total Hours _____

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

*Return to Administrative Office by 1st of each month/or weekly if applicable.

Coordinator/Director Complete:

____	____	____	____	____	____	____	____	____	____
Fund	Function	Object	Subject	Fund Source	Fund	Function	Object	Subject	Fund Source

Date Paid _____

Amount \$ _____