Kankakee Area Special Education Cooperative
Part-time Staff Attendance Form
2025–2026

Name:	
Position:	

Total days of contract: _____

Days worked in current month: _____

Remaining days of contract: _____

_____, 2025/2026

1	2	3	4	5	6	7
8	**9**	**10**	**11**	**12**	**13**	**14**
15	**16**	**17**	**18**	**19**	**20**	**21**
22	**23**	**24**	**25**	**26**	**27**	**28**
29	**30**	**31**				

CODES:
✔- Workday (use ½ for partial days)
S - Sick Day
P - Personal Day
H - School Holiday
X - Emergency Closing

I hereby certify the above information is correct.

_____

Employee signature Date

Completed forms should be emailed to Lindsey at the end of each month.