

Kankakee Area Special Education Cooperative
 1 Stuart Drive
 Kankakee, IL 60901

PLEASE PRINT CLEARLY

NAME _____ POSITION _____

Attendance for Month Year

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: S - Sick Day P - Personal Day M – Approved all day meeting/training
 H – School Holiday X – Emergency closing

I herby certify the above information is correct.

Employee signature _____ Date _____

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