OHIO VALLEY EDUCATIONAL SERVICE CENTER
PARAPROFESSIONAL / CLASSIFIED TIME SHEET

_____
Employee's Name (Please Print)

DATE	POSITION/DESCRIPTION	TIME IN	TIME OUT	LUNCH ON/OFF DUTY	Total Hours for the Day
				On / Off	
				On / Off	
				On / Off	
				On / Off	
				On / Off	
				On / Off	
				On / Off	
				On / Off	
				On / Off	
				On / Off	
				On / Off	
				On / Off	
				On / Off	
				On / Off	
				On / Off	
	TOTAL HOURS WORKED				

LEAVE CODES

A = ACCIDENT ON DUTY (must complete accident report)
C = CALAMITY DAY (do not include in work day count)
D = DOCKED (leave without pay - **needs proior approval by Supt**.)
H = HOLIDAY
PL = PERSONAL DAY
J = JURY DUTY (any compensation must be signed over to ESC)
PR = PROFESSIONAL (Professional Leave form needs submitted)
S = SICK (include doctor's excuse if 5 consecutive days or more)
SAD = STUDENT ABSENCE DOCKED DAY (leave without pay)
M = MAKE UP DAY (include in work day count)

_____ ____/____/_____ _____ ____/____/_____
Employee's Signature **Date** **Supervisor's/Superintendent's Signature** **Date**

Please submit to your supervisor prior to the Payroll Schedule due date so that they may review and submit to payroll by the due date.

Student's Name: _____
(If working with particular students)

School District: _____
(School district where you are working)

School Assigned: _____
(Actual School that you work at)

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