OHIO VALLEY EDUCATIONAL SERVICE CENTER

CERTIFIED (TEACHERS AND SPECIALISTS) TIME SHEET

_____

Employee's Name (Please Print)

DATE	POSITION/DESCRIPTION	TIME IN	TIME OUT	LUNCH ON/OFF DUTY	DAYS/certified *(Circle One)*
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
				On / Off	1 or 1/2
	TOTAL DAYS 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 prior approval by Supt.**)

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)

Amy Buchtel - Payroll
Ohio Valley ESC
128 East 8th Street
Cambridge OH, 43725
Fax number (740) 439-5736
Phone (740) 439-3558 ext 233
email: *Amy.Buchtel@omeresa.net*