## **OHIO VALLEY EDUCATIONAL SERVICE CENTER**

**CERTIFIED HOURLY TIME SHEET** 

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	
		TC	TAL HOUR	S WORKED	
	UTY (must complete accident report) do not include in work day count)			_	ned over to ESC)
= DOCKED (leave without pay - needs proior approval by Supt.) L = PERSONAL DAY		S = SICK (include doctor's excuse if 5 consecutive days or more)  M = MAKE UP DAY (include in work day count)			
		or's/Superintende	-41- 61	/	_/
Employee's Signatur	·	•	_	Date	
Please submit to	your supervisor prior to the Payroll Schedu the du	ile due date so tl e date.	nat they may r	eview and sub	omit to payroll by
Student's Name:				Amy	/ Buchtel - Payrol
	(If working with particular students)			12	Ohio Valley ESC 28 East 8th Street
School District:					bridge OH, 43725
	(School district where you are working)		Fax number (740) 439-5736 Phone (740) 439-3558 ext 4233		
School Assigned	·			, ,	89-3558 ext 4233 el@ovesc.org

(Actual School that you work at)