## OHIO VALLEY EDUCATIONAL SERVICE CENTER PARAPROFESSIONAL / CLASSIFIED TIME SHEET

Employee's Name (	Please Print)	_				
DATE	POSITION/DESCRIPTION	TIME	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		
		TOTAL HOURS WORKED				
C = CALAMITY DAY	DUTY (must complete accident report) (do not include in work day count) without pay - needs proior approval by Supt.)	PR = PROFES S = SICK (incl SAD = STUDE	TY (any compensation SSIONAL (Professional ude doctor's excuse if ENT ABSENCE DOCKED DOCKED TO TO THE RESENCE DOCKED DOCKED TO TO THE RESENCE DOCKED TO THE RESENCE DOCKED TO THE RESENCE DOCKED TO THE RESENCE DOCKED TO T	al Leave form ne 5 consecutive d KED DAY (leave	eeds submitted)	
Employee's Signatu	ure Date Supervisor prior to the Payroll Schedul	or's/Superintend	· ·	//_ Date	to payroll by the	
r lease sublilit to		e date.	nat they may revie	w and submit	to payron by the	
Student's Name:				Amy	/ Buchtel - Payroll	
	(If working with particular students)			10	Ohio Valley ESC	
School District:				128 East 8th Street Cambridge OH, 43725		
_	(School district where you are working)	<u> </u>	Fax number (740) 439-5736 Phone (740) 439-3558 ext 4233			

School Assigned:\_

(Actual School that you work at)

email: <u>Amy.Buchtel@ovesc.org</u>