

OHIO VALLEY EDUCATIONAL SERVICE CENTER
SUBSTITUTE TEACHER TIME SHEET

Employee's Name (Please Print) _____

DATE	Name of Teacher Subbing for and District/School	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
/ /				On / Off	1 or 1/2
TOTAL DAYS WORKED					

Employee's Signature / /
Date

Supervisor's/Superintendent's Signature / /
Date

rvsd 8.7.2015

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