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
		Т	OTAL DAY	S WORKED	

	TOTAL DAYS WORKED		
	LEAVE CODES		
A = ACCIDENT ON DUTY (must complete accident report)	J = JURY DUTY (any compensation must be signed over to ESC)		
C = CALAMITY DAY (do not include in work day count)	PR = PROFESSIONAL (Professional Leave form needs submitted)		
D = DOCKED (leave without pay - needs prior approval by \$	Supt.) S = SICK (include doctor's excuse if 5 consecutive days or more)		
PL = PERSONAL DAY	SAD = STUDENT ABSENCE DOCKED DAY (leave without pay)		
	M = MAKE UP DAY (include in work day count)		
Employee's Signature Date Please submit to your supervisor prior to the Payro	Supervisor's/Superintendent's Signature Date Dill Schedule due date so that they may review and submit to payroll by the due date.		
Student's Name:	Amy Buchtel - Payrol		
(If working with particular stude			
	128 East 8th Stree		
School District:	Cambridge OH, 43725		
(School district where you are wo	rking) Fax number (740) 439-5736		
	Phone (740) 439-3558 ext 4233		
School Assigned:	email: <u>Amy.Buchtel@ovesc.org</u>		

(Actual School that you work at)