

STARK COUNTY EDUCATIONAL SERVICE CENTER

—Time Sheet —

Print Name _____

Last 4 Digits of SSN: _____

	DATE	HOURS	DAYS	DEPT./JOB TITLE	DISTRICT/BUILDING
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
TOTALS					

EMPLOYEE SIGNATURE: _____

PRINCIPAL/SUPERVISOR: (Print) _____

(Signature) _____

ESC APPROVAL: (Print) _____

(Signature) _____

FUNDING SOURCE: _____

ACCT. CODE TO BE CHARGED: _____