

STARK COUNTY EDUCATIONAL SERVICE CENTER

— Time Sheet —

Print Name _____

Last 4 Digits of SSN: _____

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

EMPLOYEE SIGNATURE:

PRINCIPAL/SUPERVISOR: (Print)

(Signature)

ESC APPROVAL: (Print)

(Signature)

FUNDING SOURCE:

ACCT. CODE TO BE CHARGED: