

STARK COUNTY EDUCATIONAL SERVICE CENTER

Substitute Teacher Assistants

—Time Sheet —

Print Name \_\_\_\_\_

Last 4 Digits of SSN: \_\_\_\_\_

	DATE	TOTAL HOURS WORKED	NAME OF ABSENT EMPLOYEE	DEPARTMENT/ POSITION
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

**TOTALS** \_\_\_\_\_

SUBSTITUTE: Please sign and leave with teacher or assistant on duty.

Substitute Signature: \_\_\_\_\_

This is to verify that the above information is correct.

\_\_\_\_\_  
**PRINT**-Teacher or Assistant on Duty/Director Signature Program Date

Approval to Pay: \_\_\_\_\_

\_\_\_\_\_  
**PRINT** - Director Signature Date