

Hancock County Educational Service Center Time Sheet

Fax 419-422-8766

Employee Name _____ Employee Signature _____

(Please print name)

Please enter your hours worked on the appropriate days. You will be paid for these days on the 25th of the current month.

Month: _____

School: _____

Day↓	IN	OUT		IN	OUT		<u>ESC Use Only</u>
	AM			PM			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Notes from employee to ESC payroll:

Supervisor's Signature _____

Superintendent _____

Misc Pay? _____
Attendance? _____

Hancock County Educational Service Center Time Sheet

Fax 419-422-8766

Employee Name _____ Employee Signature _____

(Please print name)

Please enter your hours worked on the appropriate days. You will be paid for these days on the 10th of the following month.

Month: _____

School: _____

Day↓	IN	OUT		IN	OUT		<u>ESC Use Only</u>
	AM			PM			
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

Notes from employee to ESC payroll:

Supervisor's Signature _____

Superintendent _____

Misc Pay? _____

Attendance? _____