TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

TCESC EMPLOYEE
TIME SHEET

NAME: _____

POSITION: _____ **PROGRAM:** _____

This timesheet must be completed in full and submitted to the treasurer's office by noon Friday.
Please indicate any absence and attach the appropriate absence sheet.

	HOURS WORKED					
Date	From	To	Total	District	If overtime state reason	Supervisor Initials

TOTAL HOURS: _____
If substituting, name of person subbing for: _____

CHECK IF APPLICABLE: _____ Supplemental Time _____ Overtime _____ For Information Only

_____ _____
Employee Signature *Date*

_____ _____
Supervisor/Director Signature *Date*

Office Use Only : _____ Service Days _____ Weeks OBES

_____Hrs./ Days x _____ Rate = _____ Code ( )
_____Hrs./ Days x _____ Rate = _____ Code ( )
_____Hrs./ Days x _____ Rate = _____ Code ( )

Revised: 7/01, 1/22/03