

Date Faxed: \_\_\_\_\_

Hardin County Educational Service Center  
1211 West Lima Street, Suite A  
Kenton, OH 43326  
Phone: (419) 674-2288 Fax: (419) 675-3309

### Substitute Time Sheet

NAME \_\_\_\_\_

PERSON SUBSTITUTED FOR \_\_\_\_\_

Date of Service	Start Time - End Time	Total Working Hours	Total Days
<b>Total</b>			

I certify that this form is true, correct, and complete. Falsification of my part of this record constitutes grounds for termination of my employment.

Signature of Substitute \_\_\_\_\_ Date \_\_\_\_\_

Approved by Building Personnel \_\_\_\_\_ Date \_\_\_\_\_

Approved by HCESC Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Treasurer \_\_\_\_\_ Date \_\_\_\_\_

**\*\* SUBMIT THIS FORM IMMEDIATELY AFTER COMPLETION \*\***