

Hardin County Educational Service Center

1211 West Lima Street, Suite A * Kenton, Ohio 43326
 Phone: (419) 674-2288 * Fax: (419) 675-3309

Date Faxed: _____

Employee Time Sheet

Name: _____ Month: _____

Date of Month	Start Time – End Time	Total Hours	Date of Month	Start Time – End Time	Total Hours
1			16		
2			17		
3			18		
4			19		
5			20		
6			21		
7			22		
8			23		
9			24		
10			25		
11			26		
12			27		
13			28		
14			29		
15			30		
			31		
TOTAL			TOTAL		

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 Employee _____

Date _____

Approved by Building Personnel _____

Date _____

Approved by HCESC Supervisor _____

Date _____

Treasurer _____

Date _____

**** SUBMIT THIS FORM IMMEDIATELY FOLLOWING THE 15TH AND THE 30/31ST OF EACH MONTH ****