PICKAWAY COUNTY EDUCATIONAL SERVICE CENTER
2050 Stoneridge Drive, Circleville, OH 43113
Phone 740-474-7529 Fax 740-474-7251

TIME SHEET

Name_____ Month/Year_____

Job Description/Title_____ Program_____

Day	Date	Check In Time	Check Out Time	Total Time

PLEASE SUBMIT THIS FORM TO YOUR PROGRAM DIRECTOR ON THE LAST WORKING DAY OF THE MONTH. PAYMENT WILL BE ON THE 15TH OF EACH MONTH.

_____
Employee's Signature

$ _____Hourly Rate X _____Total Hours

equals $_____, amount this pay period.

_____
Program Director's Signature