EAST HOLMES LOCAL SCHOOLS

6108 CR77 MILLERSBURG, OH 44654

EMPLOYEE: _____
(Print Name)

EMPLOYEE ID# _____
(Last 4 digits of Social Security Number)

EMPLOYEE: _____
(Signature)

_____ **CERTIFIED** _____ **CLASSIFIED**
(Please check appropriate classification)

POSITION _____

SCHOOL _____

**** TIME SHEETS MUST BE COMPLETED IN FULL AND RECEIVED IN THE TREASURER'S OFFICE BY THE FRIDAY PRIOR TO PAY DATE***

DATE	START TIME	END TIME	TOTAL TIME WORKED (Do not include non paid lunch)	DESCRIPTION (enter reason for extra hours and/or overtime)	

**** All Comp-Time used or accumulated must be recorded on Time Sheets for Supervisor verification***

_____
SUPERVISOR SIGNATURE

_____
DATE

Revised 2/24/2016