

Wood County Educational Service Center
1867 N. Research Drive
Bowling Green OH 43402
Phone: 419.354.9010 Fax: 419.354.1146

TIME SLIP

Email To: payroll@wcesc.org

Position _____

Name _____

Location _____

Employee ID # _____

Week #1

Day	Date	Hours Worked	Total Hours
<i>Do NOT Include Lunch</i>			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Week #2

Day	Date	Hours Worked	Total Hours
<i>Do NOT Include Lunch</i>			
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Total Hrs. Week #1: _____

Total Hrs. Week #2: _____

Total Hours Wk 1-2: _____

Supervisor Signature _____

This form must have the signature of your **supervisor** before it will be processed.
Please return this completed time slip to the payroll office by the scheduled date.

For Payroll Use Only:

Total Hours	Rate	Gross Pay