

TIME SHEET



**WOOD COUNTY
EDUCATIONAL
SERVICE CENTER**

1867 N. Research Drive, BG, OH 43402
419-354-9010 x 212 or 213

E-mail APPROVED SIGNED form to: **PAYROLL@WCESC.ORG**

Name: _____

Work Location: _____

Employee ID # _____ **Last 4 SSN:** _____

Job Title: _____

Supervisor Signature: _____

Supervisor Approval Date: _____

Must be signed to receive payment

	Date	Time IN	Time OUT	Lunch	Time IN	Time OUT	Total Hours
<i>Sun</i>							
<i>Mon</i>							
<i>Tues</i>							
<i>Wed</i>							
<i>Thur</i>							
<i>Fri</i>							
<i>Sat</i>							

Sub Total:

<i>Sun</i>							
<i>Mon</i>							
<i>Tues</i>							
<i>Wed</i>							
<i>Thur</i>							
<i>Fri</i>							
<i>Sat</i>							

Sub Total:

For Payroll Use Only:		Job #
Hours	Pay Rate	Gross Pay

Grand Total Hours