

**SOUTH CENTRAL OHIO EDUCATIONAL SERVICE CENTER**

522 GLENWOOD AVENUE  
NEW BOSTON, OH 45662  
(740) 354-7761  
(740) 354-6778 (Fax)

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Person Substituted For: \_\_\_\_\_

**WEEK ONE**

DAY/DATE	TIME IN	TIME OUT	TOTAL HOURS
Monday/			
Tuesday/			
Wednesday/			
Thursday/			
Friday/			
<b>TOTAL HOURS FOR WEEK</b>			

**WEEK TWO**

DAY/DATE	TIME IN	TIME OUT	TOTAL HOURS
Monday/			
Tuesday/			
Wednesday/			
Thursday/			
Friday/			
<b>TOTAL HOURS FOR WEEK</b>			

**TOTAL HOURS FOR PAY PERIOD:** \_\_\_\_\_

I hereby certify that the above dates and times are correct.

\_\_\_\_\_  
Signature Of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Of Principal

\_\_\_\_\_  
Date