

Licking Regional Educational Service Center

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Time Sheet

Month: _____ Year: _____

| Date | Substituted For | From - To Time | Total Time | Verification | Date | Substituted For | From - To Time | Total Time | Verification |
|------|-----------------|-------------------|---------------|--------------|------|-----------------|-------------------|---------------|--------------|
| 1 | | | | | 16 | | | | |
| 2 | | | | | 17 | | | | |
| 3 | | | | | 18 | | | | |
| 4 | | | | | 19 | | | | |
| 5 | | | | | 20 | | | | |
| 6 | | | | | 21 | | | | |
| 7 | | | | | 22 | | | | |
| 8 | | | | | 23 | | | | |
| 9 | | | | | 24 | | | | |
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| 11 | | | | | 26 | | | | |
| 12 | | | | | 27 | | | | |
| 13 | | | | | 28 | | | | |
| 14 | | | | | 29 | | | | |
| 15 | | | | | 30 | | | | |
| | | | | | 31 | | | | |

Employee

Approved By