

DAILY TIME SHEET



**** Attach all leave requests and additional documentation ****

Name: _____ Last 4 SSN: _____

Position Title: _____ Contact Number _____

**** Must be approved for payment ****

Supervisor Signature Required: _____

Date Approved: _____

| <u>Date</u> | <u>District</u> | <u>Rate of Pay</u> |
|-------------|-----------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
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| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Send to: Payroll Dept., 5811 Canal Road, Valley View, OH 44125
Email: Karin.Netherland@esc-cc.org
Fax: 216.606.1044