

TRI-COUNTY EDUCATIONAL SERVICE CENTER

TIME SHEET

Employee Name _____

Pay Period _____ Pay Date _____

Date	A.M.		Lunch	P.M.		Total Hours
	Time in	Time out		Time in	Time out	

For Office Use Only

_____	X _____	= \$ _____			
Rate	Hours	Amount Due			
_____	X _____	= \$ _____			
O.T. Rate	Hours	Amount Due			
Misc. Pay _____		= \$ _____		\$ _____	
		Amount Due		Total Due	
Pay Act. _____					
Service Days _____		OBES Weeks _____			
Work Days _____					

Employee Signature

Supervisor Signature

Superintendent Signature

Approved timesheets should be submitted to tesc_payroll@tccsa.net. Please do NOT fax