

# Auglaize County Educational Service Center Time Sheet

Employee Name \_\_\_\_\_  
Month \_\_\_\_\_

Date	Description of Work Performed
1	
2	
3	
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31	

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

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

Date \_\_\_\_\_