EDUCATIONAL SERVICE CENTER of Northeast Ohio

DAILY TIME SHEET

Legal Name:_____ Last 4 SSN: _____

Position Title:_____ Contact Number _____

** Must be approved for payment **

Required
Supervisor's Signature:_____ Date: _____

Supervisor's Name: _____

Date	District	Rate of Pay
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Send to: Payroll Dept.,
6393 Oak Tree Blvd, Suite 300, Independence, OH 44131
Email: payroll@escneo.org
Fax: 216.606.1044

10-23-19