CHILLICOTHE
CITY SCHOOL DISTRICT

CERTIFIED/CLASSIFIED TIME SHEET

425 Yoctangee Parkway, Chillicothe, Ohio 45601

EMPLOYEE _____ EMPLOYEE ID # _____
(Print Name) (SSN or Employee Number)

EMPLOYEE SIGNATURE _____ ____ CERTIFIED ____ CLASSIFIED

DATE	START TIME	END TIME	**Payroll use only**	REASON (Subbed for; Class Coverage; Extra Hours, OT, Summer School, Stipends)
		Total Hours Worked		

_____ _____
Administrator/Supervisor Signature Date

PLEASE SUBMIT TO THE PAYROLL OFFICE BY THE NEXT BUSINESS DAY FOLLOWING PAYDAY.
SOC SEC # OR EMPLOYEE ID MUST BE ON YOUR TIME SHEET TO RECEIVE PAYMENT.

Payroll Office Use Only:	#Hours/Days	Rate of Pay	Total Due
****Salary Code:** _____ **(If paid from special funds)**			