

Print clearly and fill out all sections. An incorrect timesheet may cause a delay in pay. Please send timesheet no later than **Monday at 8:30AM to Putnam County ESC (419) 523-6126 or dhoyt@pm.noacsc.org**



Rachel Wixey & Associates
 6546 Weatherfield Court
 Building B, Suite 1
 Maumee, OH 43537
 P: 419-725-9499

EMPLOYEE MUST SIGN THIS FORM

I certify that I worked the hours reported on this ticket during the week shown and I did not experience any accident or injury that I did not report directly to Rachel Wixey & Associates.



POSITION TITLE _____

PROGRAM NAME _____

EMPLOYEE NAME _____

SIGNATURE _____

The Client Representative signature below certifies that: (1) the hours shown are correct, (2) the work was performed in a satisfactory manner, (3) there was no known injury to a Rachel Wixey & Associates employee that was not reported to Rachel Wixey & Associates, and (4) Rachel Wixey & Associates is authorized to bill Client by the terms of the Service Order Confirmation for the work performed by the named employee. It is agreed that timesheets submitted by facsimile transmission are valid for billing purposes. By signing below, the Client Representative confirms that he/she is authorized to approve time and that Rachel Wixey & Associates may rely upon his/her signature as binding upon Client.

Show all hours to nearest quarter hour (i.e. 0.25; 0.50; 0.75)

DATE	DAY	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
	MON.				
SUPERVISOR NAME	TUES.				
SUPERVISOR SIGNATURE	WED.				
NAME OF SCHOOL BUILDING	THURS.				
NOTES	FRI.				
	SAT.				
	SUN.				
	TOTAL HOURS FOR WEEK:				