

## IOSCO REGIONAL EDUCATIONAL SERVICE AGENCY

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## **TIME SHEET**

NAME:				-	
POSITION:				_	
LAST FOUR DIGITS	S S.S. #:			_	
RETU	RN TO PAYROLL OF	FICE ON TH	E FRIDAY	PRIOR TO PAY D	<u>AY!!</u>
DATE	NUMBER OF HOURS	S WORKED		REASON	
<del>-</del>					
TOTAL NUMBER O	F HOURS WORKED: _		_		
Employee Signature		DATE			
Supervisor Signatu	re	DATE	<del></del>		
Account Number:			(to be com	pleted by Supervisor)	

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