

CLERMONT COUNTY EDUCATIONAL SERVICE CENTER

2400 Clermont Center Drive, Suite 100
 Batavia, Ohio 45103
 (513) 735-8300
 fax (513)-735-8370

WORK REPORT

Each CCESC Employee **must** complete a monthly Work Report. Please ensure that all absences are entered into the Employee Kiosk. Forward Work Report to your Supervisor **at the end of each month.**

Month / Year: _____

Print Name: _____

School/Building: _____

Please indicate one of the letters listed below to your workday:

* Entered into kiosk = v

W = Work		*PL = Personal		H = Holiday	
*S = Sick		*PR = Professional			
DATE	*KIOSK	DATE	*KIOSK	DATE	*KIOSK
1		12		23	
2		13		24	
3		14		25	
4		15		26	
5		16		27	
6		17		28	
7		18		29	
8		19		30	
9		20		31	
10		21			
11		22			

Employee Signature _____

Date :

Teacher Signature _____

Date:

Supervisor Signature _____

Date :

This report is required by the State Auditor's Office for maintaining proper leave balances