

ROCK HILL LOCAL SCHOOL DISTRICT - PERSONAL ATTENDANT TIMESHEET

NAME: _____

SCHOOL: _____

ADDRESS: _____

STUDENT: _____

PHONE #: _____

PLEASE NOTE: YOU MUST CORRECTLY DOCUMENT EACH DAY OF WORK

#	DATE	START TIME	STOP TIME	HOURS	EMPLOYER USE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

FALSIFICATION OF A TIMESHEET IS GROUND FOR SUSPENSION OR TERMINATION OF EMPLOYMENT UNDER SECTION 3319.081 OF THE OHIO REVISED CODE

TOTAL HOURS: _____ X \$ _____ = \$ _____
HR. RATE AMOUNT DUE

SIGNATURE: _____
PERSONAL ATTENDANT

DATE: _____

SIGNATURE: _____
SCHOOL EMPLOYEE VERIFYING

DATE: _____

APPROVED _____
SUPERINTENDENT OF ROCK HILL SCHOOLS

DATE: _____

FOR PAYMENT SEND SHEET TO LUKE A. SIMPSON

FAX: (740) 532-2092

EMAIL: lsimpson@rockhill.org

PHONE #: (740) 532-7030 ext 10834



