PAINESVILLE TOWNSHIP LOCAL BOARD OF EDUCATION
STATEMENT OF LABOR OR SERVICES

Month: _____, 20_____

Employee Name _____ SS# _____
(Please include social security #)

Description of the job or work done: _____ Building _____

Time approved by Principal or Supervisor _____

Hours of Work				Straight Time	Overtime	Other	Sick Leave	Total
Date	Begin	Stopped						
			TOTAL					

NOTE: This form should be accompanied by an absence form when the employee has been absent for anything.

Employee Signature _____

Employee signature certifies the accuracy of the above account of hours worked.

Revised January 2002