

**Madison-Champaign Educational Service Center**  
**REGULAR/ADDITIONAL TIME SHEET**

**DO NOT USE FOR SUBSTITUTES** **DO NOT USE FOR SUBSTITUTES**

Employee Name (First, Middle, Last) \_\_\_\_\_

Building/District \_\_\_\_\_

| Date Worked | Time In – Time Out<br>(EXAMPLE: 8am -3pm) | Total<br>hours<br>worked | Position/Job |
|-------------|-------------------------------------------|--------------------------|--------------|
|             |                                           |                          |              |
|             |                                           |                          |              |
|             |                                           |                          |              |
|             |                                           |                          |              |
|             |                                           |                          |              |

\_\_\_\_\_

\_\_\_\_\_

Employee’s Signature

Date Signed

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**To be Completed by Supervisor:**

**Please write below what program or district to which this cost is to be charged:**

**PROGRAM:** \_\_\_\_\_

**DISTRICT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor’s Signature

Date Signed