



EMPLOYEE \_\_\_\_\_

LAST 4 OF SOCIAL \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

SCHOOL BUILDING \_\_\_\_\_

It is the Renhill employee's responsibility to have signed timecards submitted to Renhill by Mondays at 12pm to ensure payment on time.

Signed timecards may be faxed to 419.254.2917, or scanned & emailed to your primary account manager.

WEEK ENDING: \_\_\_\_\_

| DAY       | DATE | START TIME | END TIME | LUNCH DEDUCTED     | TOTAL HOURS |
|-----------|------|------------|----------|--------------------|-------------|
| MONDAY    |      |            |          |                    |             |
| TUESDAY   |      |            |          |                    |             |
| WEDNESDAY |      |            |          |                    |             |
| THURSDAY  |      |            |          |                    |             |
| FRIDAY    |      |            |          |                    |             |
| SATURDAY  |      |            |          |                    |             |
| SUNDAY    |      |            |          |                    |             |
|           |      |            |          | <b>TOTAL HOURS</b> |             |

As a Renhill employee, I hereby certify that the hours shown hereon were worked by me during the week ending and were certified by an authorized representative of the above named school/district. I understand that I am to contact Renhill after completing this assignment to discuss another assignment. If I do not do so, Renhill may assume I am not available for work and have voluntarily left their employment.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

I am an authorized representative of the above named school and/or district. By signing below, I certify that the Renhill employee named above worked the number of hours as itemized and that their work performance was satisfactory. Pursuant to any agreement between Renhill and the above named school/school district, I further understand the above named employee will be paid from this document and the above named school/school district will be invoiced from this document.

\_\_\_\_\_  
SCHOOL SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE