



MCKEON EDUCATION GROUP

***DIRECT SERVICE TIME SHEET***

Employee/School \_\_\_\_\_

District \_\_\_\_\_

School Phone \_\_\_\_\_

Principal \_\_\_\_\_

Circle One: Intervention Specialist Remedial Tutor Gifted/Talented Teacher

WEEK OF: MON TUE WED THU FRI TOTAL HRS.

WEEK OF:	MON	TUE	WED	THU	FRI	TOTAL HRS.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

***TOTAL HOURS FOR MONTH:*** \_\_\_\_\_

**CODES:**

PD = PERSONAL DAY; SD = SICK DAY; SND = SNOW DAY

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Principal/Admin.

*Please send TWO signed copies to: MEG, Inc.; 656 Continental Drive; Sagamore Hills, Ohio 44067 on the last work day of the month. Thank You!*