



MCKEON EDUCATION GROUP

STUDENT SUPPORT SERVICES TIME SHEET

Employee/School _____

District _____

School Phone _____

Principal _____

Title School Psychologist School Counselor

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!