EASTERN PANHANDLE SHARED
SERVICES ARRANGEMENT
517 S WALL
SHAMROCK TEXAS 79079

"TIMESHEET"

NAME:_____**SS#**_____

ADDRESS_____**CITY**_____**STATE**____**ZIP**_____

DATE	HOURS WORKED	STUDENT or SCHOOL DISTRICT

_____
EMPLOYEE

_____
DATE

_____
DIRECTOR OF SPECIAL EDUCATION