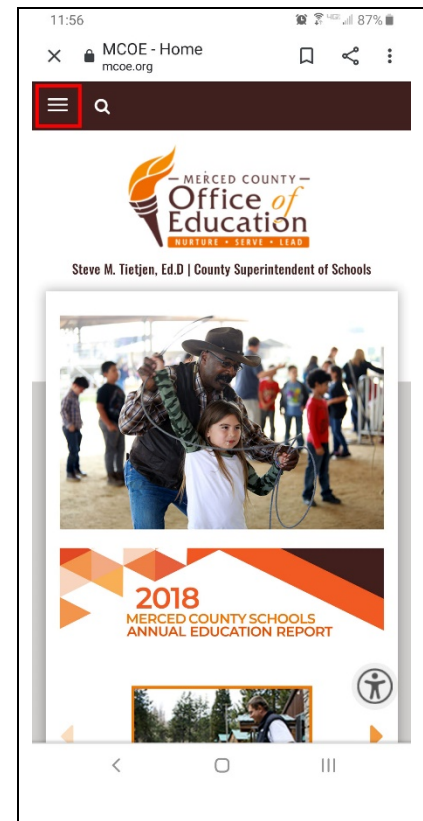
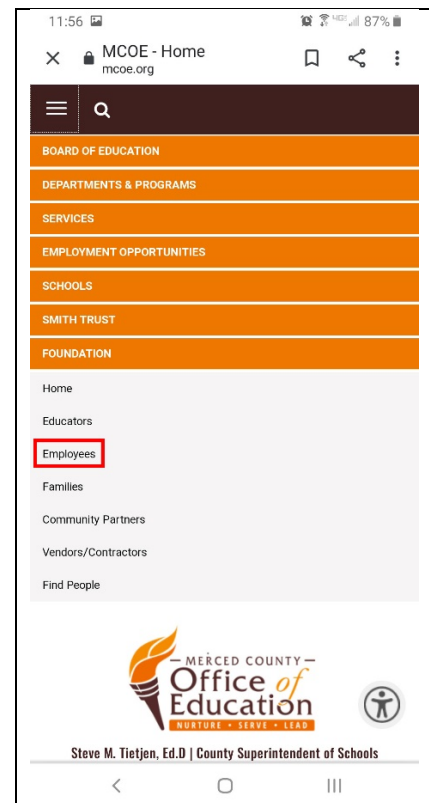


Step One:

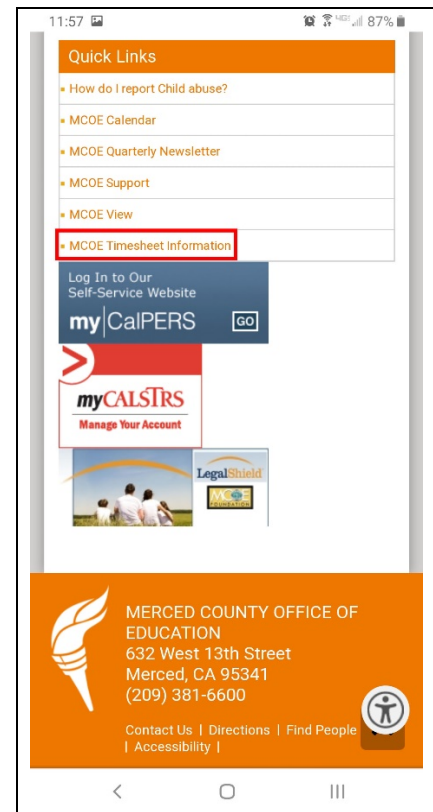
Open an internet browser (Chrome, Firefox, etc.) and navigate to mcoe.org. Click on the Hamburger Menu



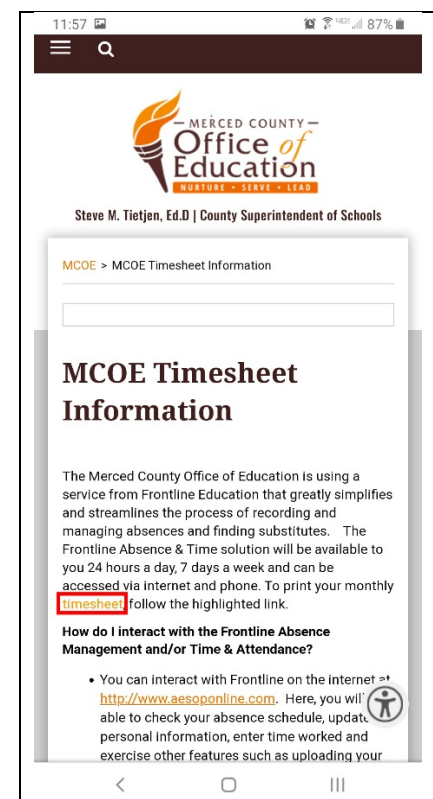
Step Two: Click on the “Employees” button.



Step Three: Click on “MCOE Timesheet Information”



Step Four: Select the “Timesheet” hyperlink



Step Five: Input your phone and pin and click submit

11:58 MCOE Absence Report... mcoe.org

Timesheet Instructions

You will need to wait 7m 0s before newly entered info is available.
The last update was on 10/25/2019 at 11:50:39 AM

Start: 10/01/2019
End: 10/31/2019
Phone: 123456789
Pin:

Submit

After you click Submit, see lower left hand corner or center of your browser for your timesheet PDF. Use arrow for popup menu and choose "Open with system viewer" Example below:

Merced County Office Of Education
632 West 13th Street Merced,
CA 95341 (209) 385-5500

Step Six: Select the Menu icon and Open With..

1:08 BREWERCOREY-201...

Timesheet

Name: COREY BREWER Emp ID: 4502
Title: NETWORK ANALYST - SENIOR LG: CL
From: 10/01/2019 PC: S
To: 10/31/2019 CG: AL01
Site: ITS-Campbell BU: 3

This report was electronically generated by the specified employee using their phone camera and password.

Employee Signature: Date: _____
Supervisor Signature: Date: _____
Department Signature: Date: _____

The form is to be completed and submitted by the employee to their supervisor.

Document Created On: 10/25/2019 11:57:57 AM

1:08 BREWERCOREY Send file...

Open with...

Print

Report a bug

Timesheet

Name: COREY BREWER Emp ID: 4502
Title: NETWORK ANALYST - SENIOR LG: CL
From: 10/01/2019 PC: S
To: 10/31/2019 CG: AL01
Site: ITS-Campbell BU: 3

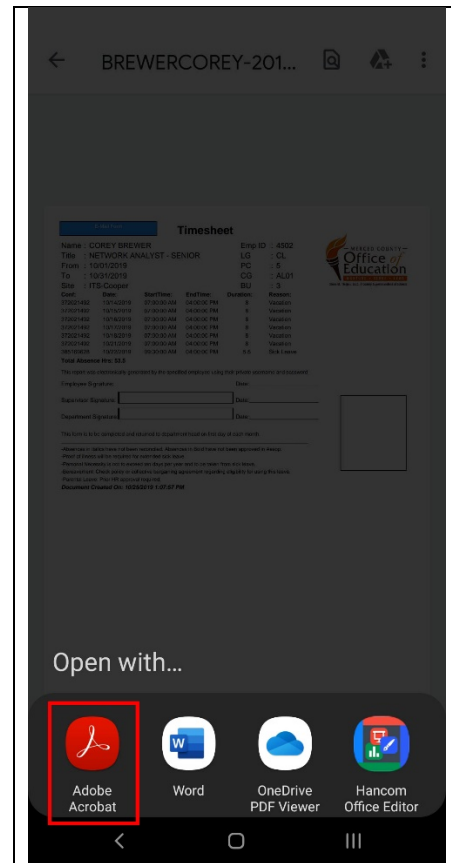
This report was electronically generated by the specified employee using their phone camera and password.

Employee Signature: Date: _____
Supervisor Signature: Date: _____
Department Signature: Date: _____

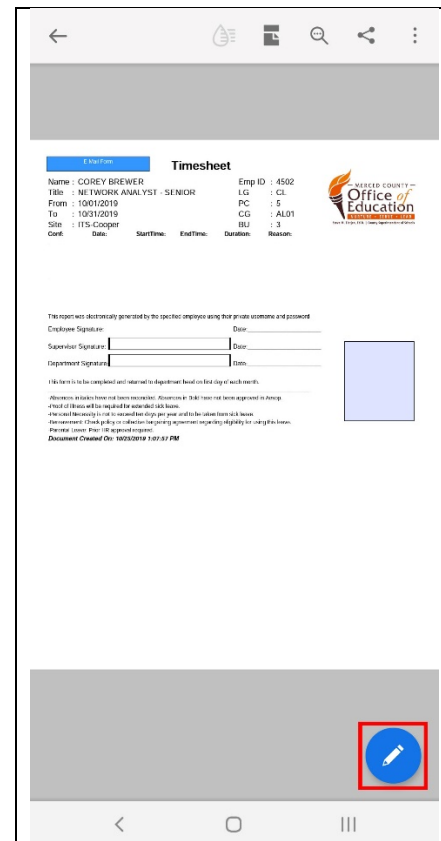
The form is to be completed and submitted by the employee to their supervisor.

Document Created On: 10/25/2019 11:57:57 AM

Step Seven: Open with “Adobe Acrobat”



Step Eight: Click on the “Sign” button



[illegible]

Timesheet

Employee Information

Name : COREY BREWER

Title : NETWORK ANALYST - SENIOR

From : 1/01/2019

To : 1/03/1/2019

Site : ITS-Copper

Employ ID : 4502

LG : CL

PC : 5

AL : 0

CG : 3

BU :

Cont.	Date	StartTime	EndTime	Durations	Reasons
372221460	1/01/2019	07:00:00 AM	04:00:00 PM	8	Vacation
372221462	1/01/2019	07:00:00 AM	04:00:00 PM	8	Vacation
372221463	1/01/2019	07:00:00 AM	04:00:00 PM	8	Vacation
372221462	1/01/2019	07:00:00 AM	04:00:00 PM	8	Vacation
372221462	1/01/2019	07:00:00 AM	04:00:00 PM	8	Vacation
372221463	1/01/2019	07:00:00 AM	04:00:00 PM	8	Vacation
385106268	1/02/2019	09:30:00 AM	04:00:00 PM	5.5	Sick Leave

Total Absence Hrs: 53.5

WELD COUNTY
Office of
Education
Ensuring a bright future for every child

This report was electronically generated by the specified employee using their phisicls username and password

Employee Signature: _____

Supervisor Signature: _____

Document Signature: _____

Date: _____

Date: _____

Date: _____

This form is to be completed and returned to department head on first day of each month.

Absences in italics have not been recorded. Absences in bold have not been approved in Access.

Printed or signed will be required for considered off hours.

Personal/leisure is not to exceed ten days per year and to be taken from each item.

Department/Child sick or children/long-term statement regarding eligibility for using this form.

Provide a reason if not approved/signed.

Document Created On: 10/26/2019 1:57:35 PM

Step Eleven: Create your Signature

Timesheet

Name : COREY BREWER Emp ID : 4502
Title : NETWORK ANALYST - SENIOR LG : CL
From : 10/01/2019 PC : 5
To : 10/31/2019 CG : ALD1
Site : ITS-Cooper BU : 3

Conf: Date: StartTime: EndTime: Duration: Reason:

This report was electronically generated by the specified employee using their private username and password.

Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____
Department Signature: _____ Date: _____

This form is to be completed and returned to department head on first day of each month.

Absences in italics have not been reconciled. Absences in Bold have not been approved in Aesop.
Proof of illness will be required for extended sick leave.
Personal Necessity is not to exceed ten days per year and to be taken from sick leave.
Bereavement: Check policy or collective bargaining agreement regarding eligibility for using this leave.
Parental Leave: Prior HR approval required.
Document Created On: 10/25/2019 1:07:57 PM

CANCEL Draw Image Camera **DONE**

Sign

Create Signature

Create Initials

Clear

Save to Device

Step Twelve: place your Signature in the "Employee Signature" field with your finger. You can enlarge or shrink it by sliding the blue arrows.

This report was electronically generated by the specified employee using their private username and password.

Employee Signature: Corey Brewer Date: _____
Supervisor Signature: Date: _____
Department Signature: Date: _____

This form is to be completed and returned to department head on first day of each month.

-Absences in italics have not been reconciled. Absences in Bold have not been approved in Aesop.
-Proof of illness will be required for extended sick leave.
-Personal Necessity is not to exceed ten days per year and to be taken from sick leave.
-Bereavement: Check policy or collective bargaining agreement regarding eligibility for using this leave.
-Parental Leave: Prior HR approval required.
Document Created On: 10/25/2019 1:07:57 PM

DONE

Step Thirteen: Create your “Initials” ****Note the initials will actually be the DATE****

Timesheet

Name: COREY BREWER Emp ID: 4502
 Title: NETWORK ANALYST - SENIOR L/S: 01
 From: 10/01/2019 PC: 5
 To: 10/31/2019 CG: ALD1
 Site: IT-Copier BU: 3

This report was electronically generated by the specified employee using their private username and password.

Employee Signature: _____ Date: _____
 Supervisor Signature: _____ Date: _____
 Department Signature: _____ Date: _____

This form is to be completed and returned to department head on first day of each month.

-Absences in *italics* have not been reconciled. Absences in **Bold** have not been approved in Aesop.
 -Proof of illness will be required for extended sick leave.
 -Personal Necessity is not to exceed ten days per year and to be taken from sick leave.
 -Bereavement: Check policy or collective bargaining agreement regarding eligibility for using this leave.
 -Parental Leave: Prior HR approval required.

Document Created On: 10/25/2019 1:07:57 PM

CREATE SIGNATURE
 CREATE INITIALS

CANCEL Draw Image Camera DONE

10/25/19

Clear

Save to Device

Step Fourteen: Place the date in the “Date” field and size as needed

This report was electronically generated by the specified employee using their private username and password

Employee Signature: *Corey Brewer* Date: **10-24-19**
 Supervisor Signature: _____ Date:
 Department Signature: _____ Date: _____

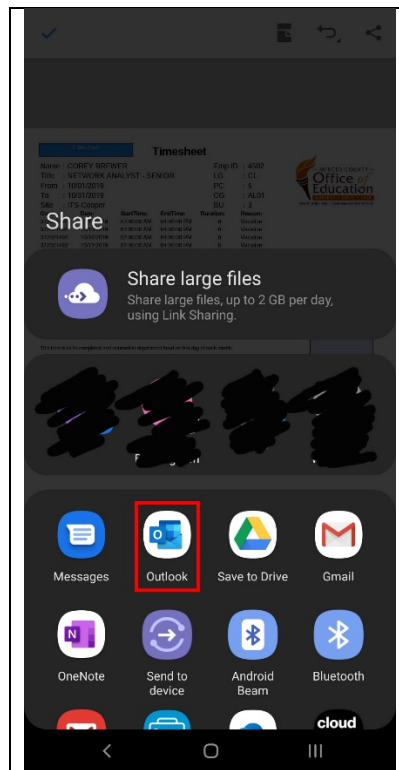
This form is to be completed and returned to department head on first day of each month.

-Absences in *italics* have not been reconciled. Absences in **Bold** have not been approved in Aesop.
 -Proof of illness will be required for extended sick leave.
 -Personal Necessity is not to exceed ten days per year and to be taken from sick leave.
 -Bereavement: Check policy or collective bargaining agreement regarding eligibility for using this leave.
 -Parental Leave: Prior HR approval required.

Document Created On: 10/25/2019 1:07:57 PM

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Step Seventeen: Share via the Outlook App



Step Eighteen: Lastly compose your email and send to your supervisor

