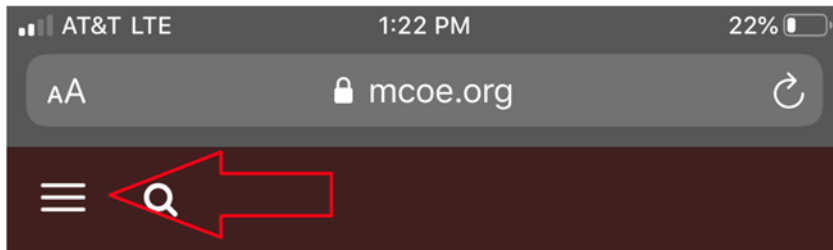


## Instructions to sign timecard with iPhone

See **red** arrows in screenshots



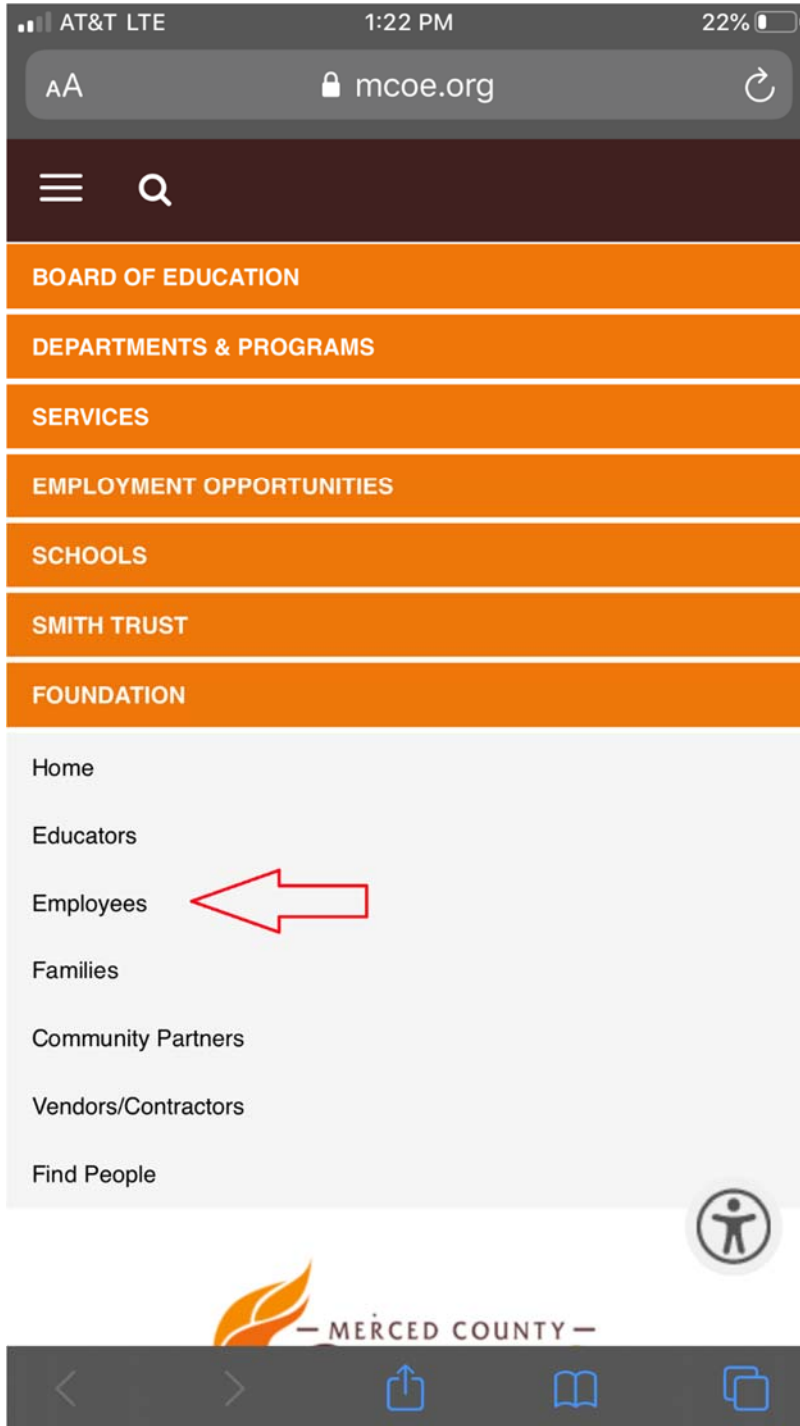
First, open Safari, navigate to [www.mcoe.org](http://www.mcoe.org) and tap menu icon on left.



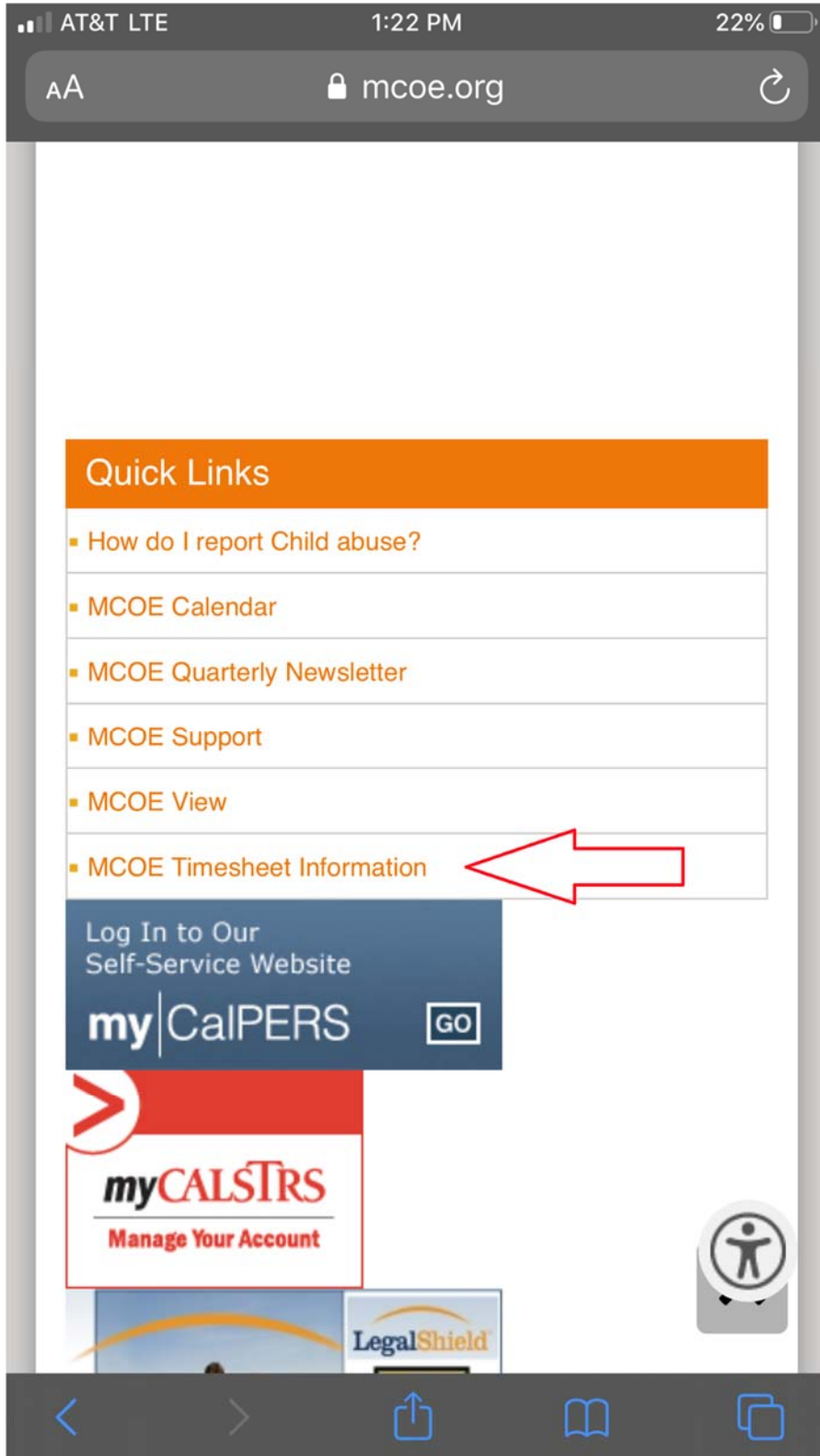
Steve M. Tietjen, Ed.D | County Superintendent of Schools



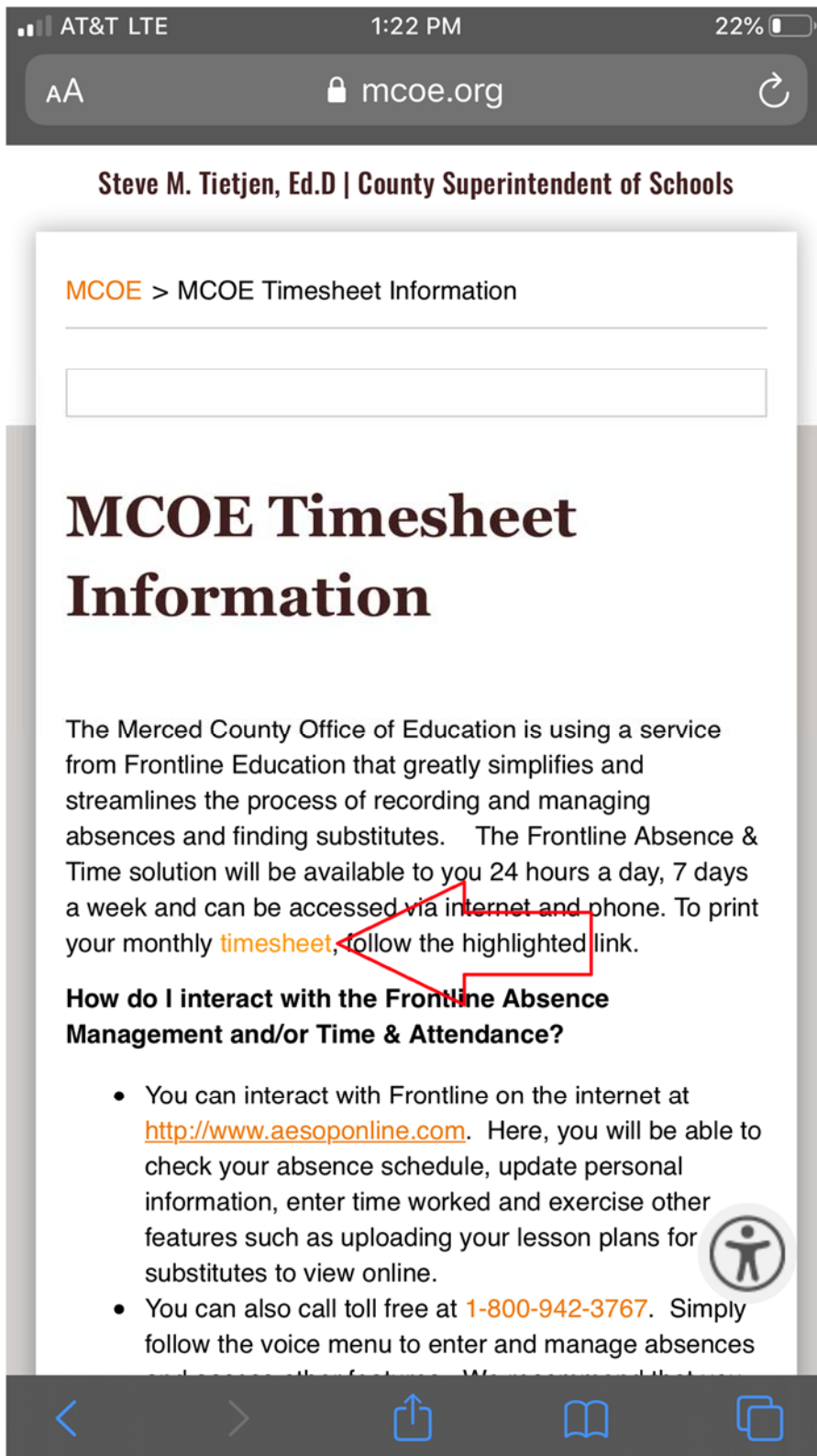
Tap where it says “Employees”.



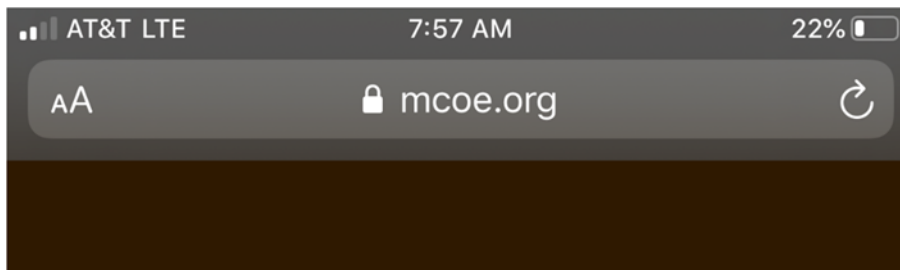
Tap where it says “MCOE Timesheet Information”.



Tap the “timesheet” link.



Fill out the form and Tap "Submit".



# Timesheet Instructions


**Please wait 15  
minutes after  
changes before  
requesting your  
timesheet  
report.**

Start:

End:

Phone:

Pin:





Tap on the box with arrow at bottom of screen.

AT&T LTE 3:38 PM 71%

mcoe.org

E-Mail Form

### Timesheet

Name : SANFORD HOFFMAN Emp ID : 2548  
Title : IT APPLICATIONS ANALYST LG : CS  
From : 09/01/2019 PC : 5  
To : 09/30/2019 CG : AL06  
Site : ITS-Cooper BU : 4

**Conf:**

	Date:	StartTime:	EndTime:	Duration:	Reason:
374746157	9/3/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
375047014	9/4/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
376710965	9/13/2019	07:00:00 AM	04:00:00 PM	8	Vacation
378093980	9/18/2019	01:00:00 PM	04:00:00 PM	3	Vacation

**Total Absence Hrs: 27**

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.

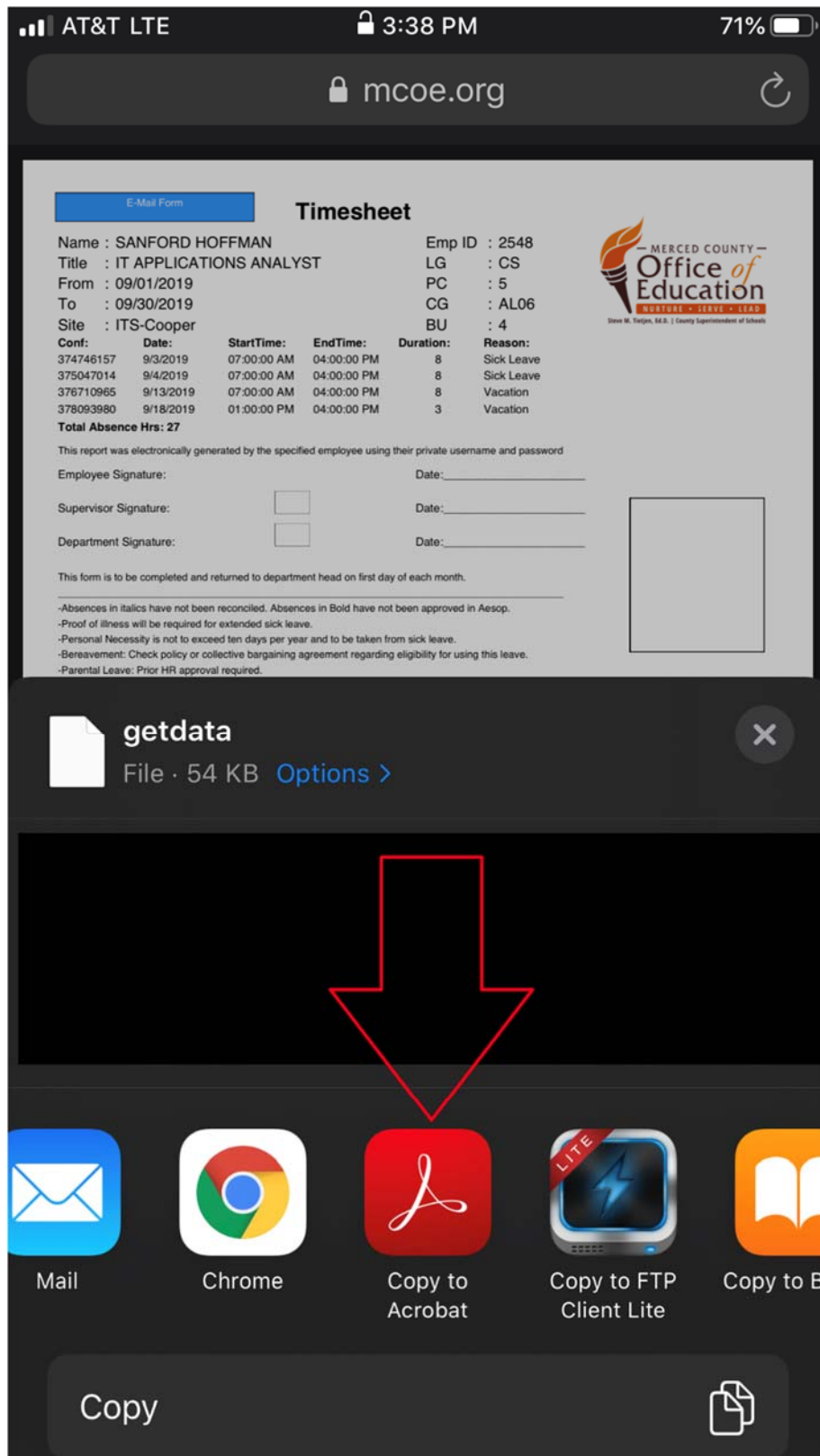
-Absences in *italics* have not been reconciled. Absences in **Bold** have not been approved in Aesop.  
-Proof of illness will be required for extended sick leave.  
-Personal Necessity is not to exceed ten days per year and to be taken from sick leave.  
-Bereavement: Check policy or collective bargaining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

**Document Created On: 10/8/2019 3:38:04 PM**

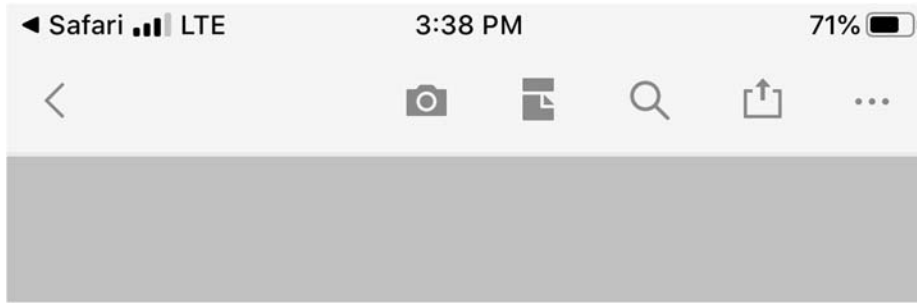


< >   

Tap “Copy to Acrobat”.



Tap on the pencil to “Fill and Sign”.



E-Mail Form

## Timesheet

Name : SANFORD HOFFMAN  
Title : IT APPLICATIONS ANALYST  
From : 09/01/2019  
To : 09/30/2019  
Site : ITS-Cooper

Emp ID : 2548  
LG : CS  
PC : 5  
CG : AL06  
BU : 4



Conf:	Date:	StartTime:	EndTime:	Duration:	Reason:
374746157	9/3/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
375047014	9/4/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
376710965	9/13/2019	07:00:00 AM	04:00:00 PM	8	Vacation
378093980	9/18/2019	01:00:00 PM	04:00:00 PM	3	Vacation

Total Absence Hrs: 27

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: 10/8/2019 3:38:04 PM



## Fill and Sign

Tap here and choose "Fill & Sign" to start filling out your form.





Tap “Fill and Sign” from the menu.

AT&T LTE 3:38 PM 70%

HOFFMANSANFORD-2019-09(1) PDF

E-Mail Form

### Timesheet

Name : SANFORD HOFFMAN Emp ID : 2548  
Title : IT APPLICATIONS ANALYST LG : CS  
From : 09/01/2019 PC : 5  
To : 09/30/2019 CG : AL06  
Site : ITS-Cooper BU : 4

Conf:	Date:	StartTime:	EndTime:	Duration:	Reason:
374746157	9/3/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
375047014	9/4/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
376710965	9/13/2019	07:00:00 AM	04:00:00 PM	8	Vacation
378093980	9/18/2019	01:00:00 PM	04:00:00 PM	3	Vacation

Total Absence Hrs: 27


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: 10/8/2019 3:38:04 PM



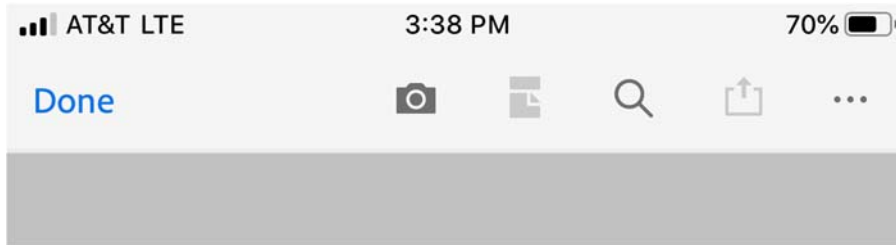
Comment

Fill & Sign

Edit PDF

Organize Pages

Tap on the pen icon and the bottom of the screen.



E-Mail Form

### Timesheet

Name : SANFORD HOFFMAN      Emp ID : 2548  
Title : IT APPLICATIONS ANALYST      LG : CS  
From : 09/01/2019      PC : 5  
To : 09/30/2019      CG : AL06  
Site : ITS-Cooper      BU : 4

Conf:	Date:	StartTime:	EndTime:	Duration:	Reason:
374746157	9/3/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
375047014	9/4/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
376710965	9/13/2019	07:00:00 AM	04:00:00 PM	8	Vacation
378093980	9/18/2019	01:00:00 PM	04:00:00 PM	3	Vacation

**Total Absence Hrs: 27**

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.

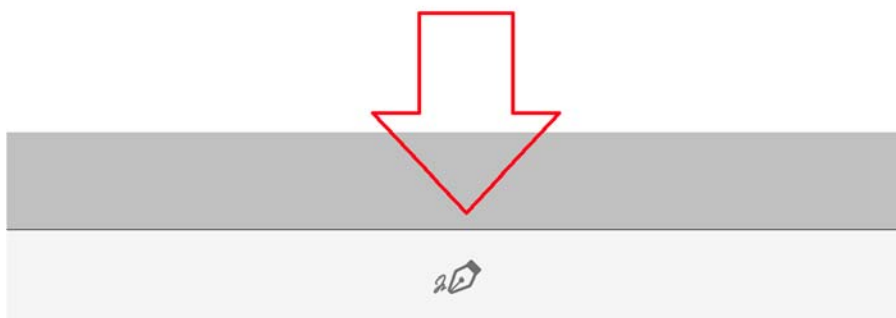
-Absences in *italics* have not been reconciled. Absences in **Bold** have not been approved in Aesop.  
-Proof of illness will be required for extended sick leave.  
-Personal Necessity is not to exceed ten days per year and to be taken from sick leave.  
-Bereavement: Check policy or collective bargaining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

**Document Created On: 10/8/2019 3:38:04 PM**



MERCED COUNTY  
Office of  
Education  
*INSPIRE • SERVE • LEAD*  
Steve W. Tinjnen, M.Ed. | County Superintendent of Schools










Tap where it says, "Create Signature".

AT&T LTE

3:39 PM

70%

Done



E-Mail Form

### Timesheet

Name : SANFORD HOFFMAN

Title : IT APPLICATIONS ANALYST

From : 09/01/2019

To : 09/30/2019

Site : ITS-Cooper


Emp ID : 2548

LG : CS

PC : 5

CG : AL06

BU : 4



Conf:	Date:	StartTime:	EndTime:	Duration:	Reason:
374746157	9/3/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
375047014	9/4/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
376710965	9/13/2019	07:00:00 AM	04:00:00 PM	8	Vacation
378093980	9/18/2019	01:00:00 PM	04:00:00 PM	3	Vacation

**Total Absence Hrs: 27**

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: 10/8/2019 3:38:04 PM**

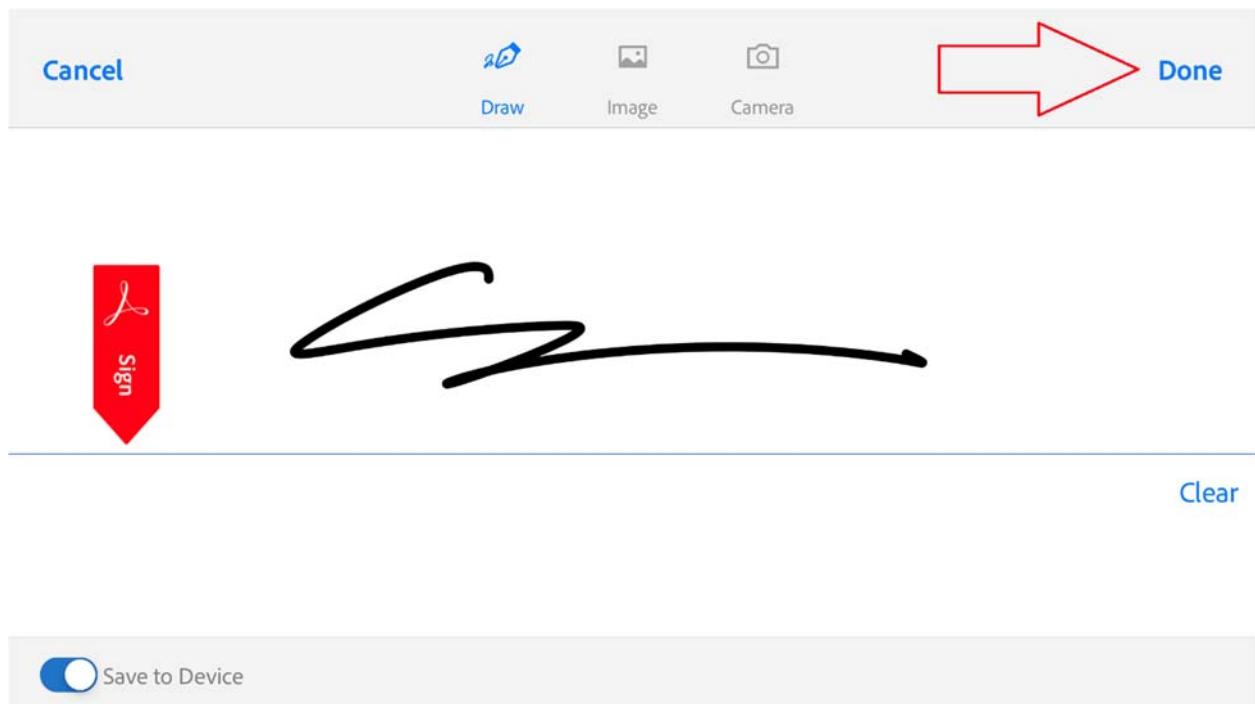


Create Signature

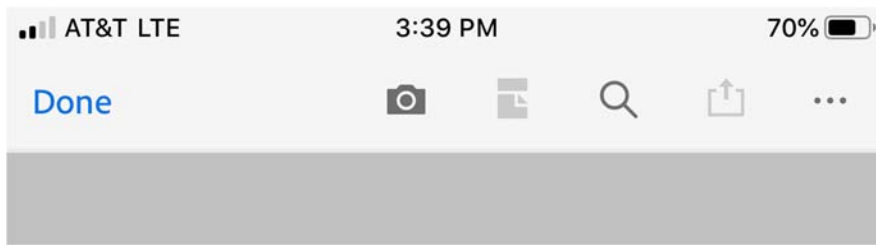
Create Initials

Cancel

Sign with your finger and Tap “Done”.



Tap on the “Employees Signature” line on your timesheet. Drag with your finger if required. Then tap pen icon on bottom.



**E-Mail Form**

### Timesheet

Name : SANFORD HOFFMAN  
Title : IT APPLICATIONS ANALYST  
From : 09/01/2019  
To : 09/30/2019  
Site : ITS-Cooper


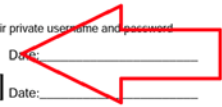
Emp ID : 2548  
LG : CS  
PC : 5  
CG : AL06  
BU : 4

**Duration:**  
8  
8  
8  
3

**Reason:**  
Sick Leave  
Sick Leave  
Vacation  
Vacation

**Total Absence Hrs: 27**

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

Employee Signature:  Date: 

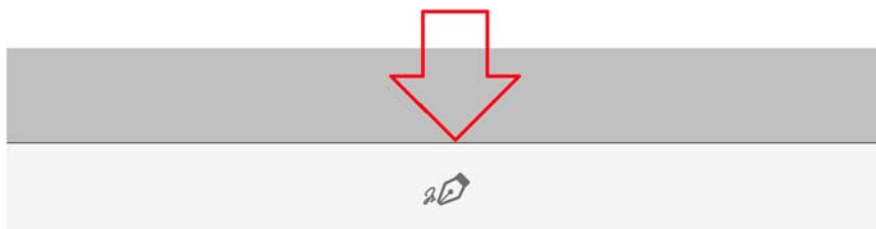

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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: 10/8/2019 3:38:04 PM**



Tap where it says, "Create initials". This is where the DATE will go.

AT&T LTE 3:39 PM 70%

Done

E-Mail Form

### Timesheet

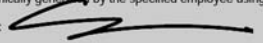
Name : SANFORD HOFFMAN Emp ID : 2548  
Title : IT APPLICATIONS ANALYST LG : CS  
From : 09/01/2019 PC : 5  
To : 09/30/2019 CG : AL06  
Site : ITS-Cooper BU : 4

**Conf:**

	Date:	StartTime:	EndTime:	Duration:	Reason:
374746157	9/3/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
375047014	9/4/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
376710965	9/13/2019	07:00:00 AM	04:00:00 PM	8	Vacation
378093980	9/18/2019	01:00:00 PM	04:00:00 PM	3	Vacation

**Total Absence Hrs: 27**

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.

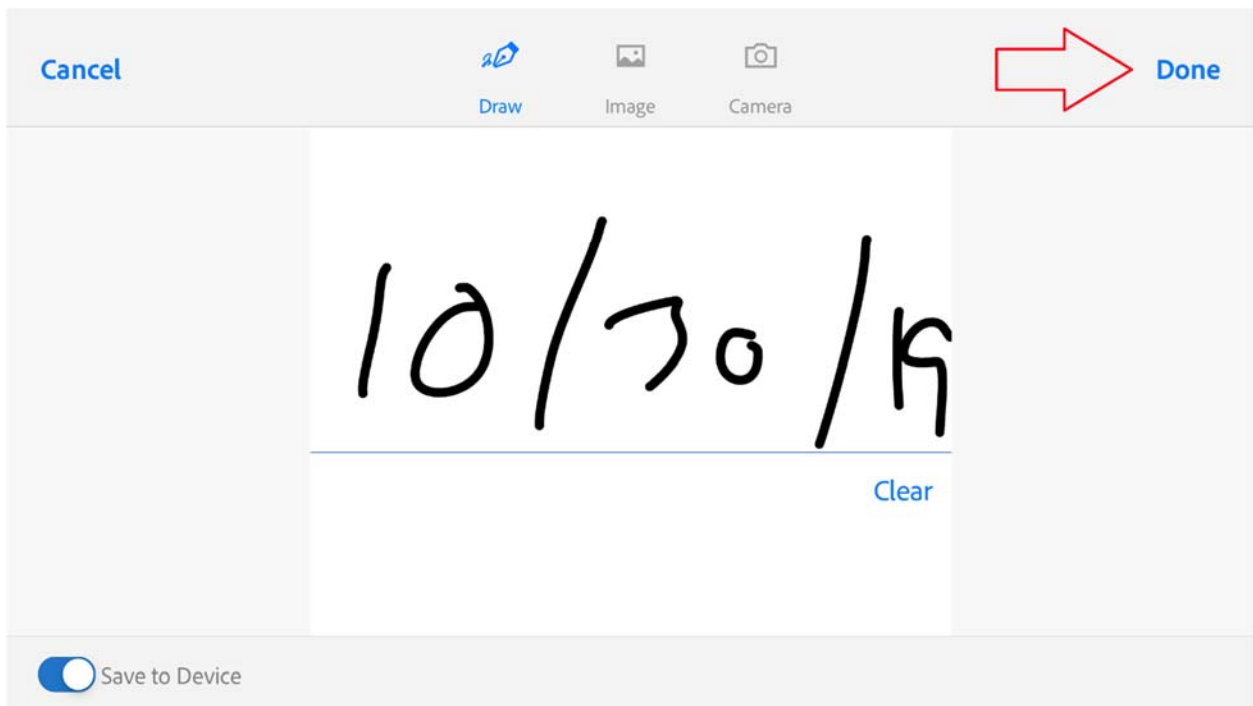
**Document Created On: 10/8/2019 3:38:04 PM**



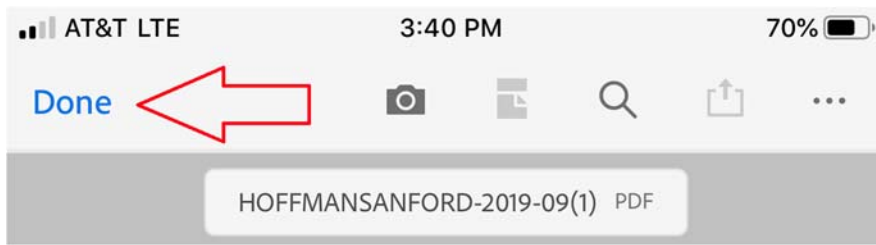
Create Initials

Cancel

Enter the date with your finger and Tap “Done”.



Tap on the "Date" line on your timesheet. Drag with your finger if required. Then click "Done".



**E-Mail Form**

### Timesheet

Name : SANFORD HOFFMAN  
Title : IT APPLICATIONS ANALYST  
From : 09/01/2019  
To : 09/30/2019  
Site : ITS-Cooper

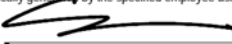
Emp ID : 2548  
LG : CS  
PC : 5  
CG : AL06  
BU : 4

**Conf:**

	Date:	StartTime:
374746157	9/3/2019	07:00:00 AM
375047014	9/4/2019	07:00:00 AM
376710965	9/13/2019	07:00:00 AM
378093980	9/18/2019	01:00:00 PM

**Total Absence Hrs: 27**

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

Employee Signature:  Date: 10/7/19

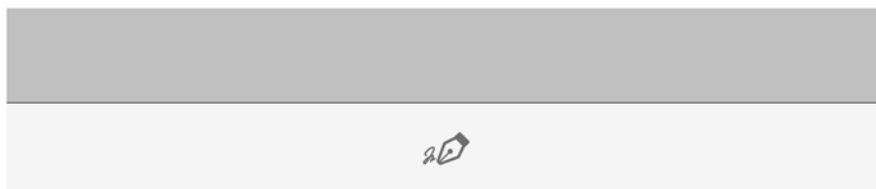

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

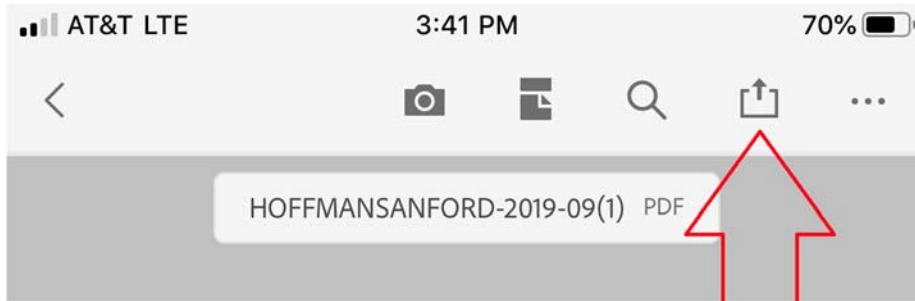
-Absences in italics have not been reconciled. Absences in Bold have not been approved in Aesop.  
-Proof of illness will be required for extended sick leave.  
-Personal Necessity is not to exceed ten days per year and to be taken from sick leave.  
-Bereavement: Check policy or collective bargaining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

**Document Created On: 10/8/2019 3:38:04 PM**





Tap on the box with the arrow coming out the top above.



E-Mail Form

### Timesheet

Name : SANFORD HOFFMAN  
Title : IT APPLICATIONS ANALYST  
From : 09/01/2019  
To : 09/30/2019  
Site : ITS-Cooper

Emp ID : 2548  
LG : CS  
PC : 5  
CG : AL06  
BU : 4

Conf:	Date:	StartTime:	EndTime:	Duration:	Reason:
374746157	9/3/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
375047014	9/4/2019	07:00:00 AM	04:00:00 PM	8	Sick Leave
376710965	9/13/2019	07:00:00 AM	04:00:00 PM	8	Vacation
378093980	9/18/2019	01:00:00 PM	04:00:00 PM	3	Vacation

Total Absence Hrs: 27



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

Employee Signature:  Date: 10/30/19

Supervisor Signature:  Date:

Department Signature:  Date:

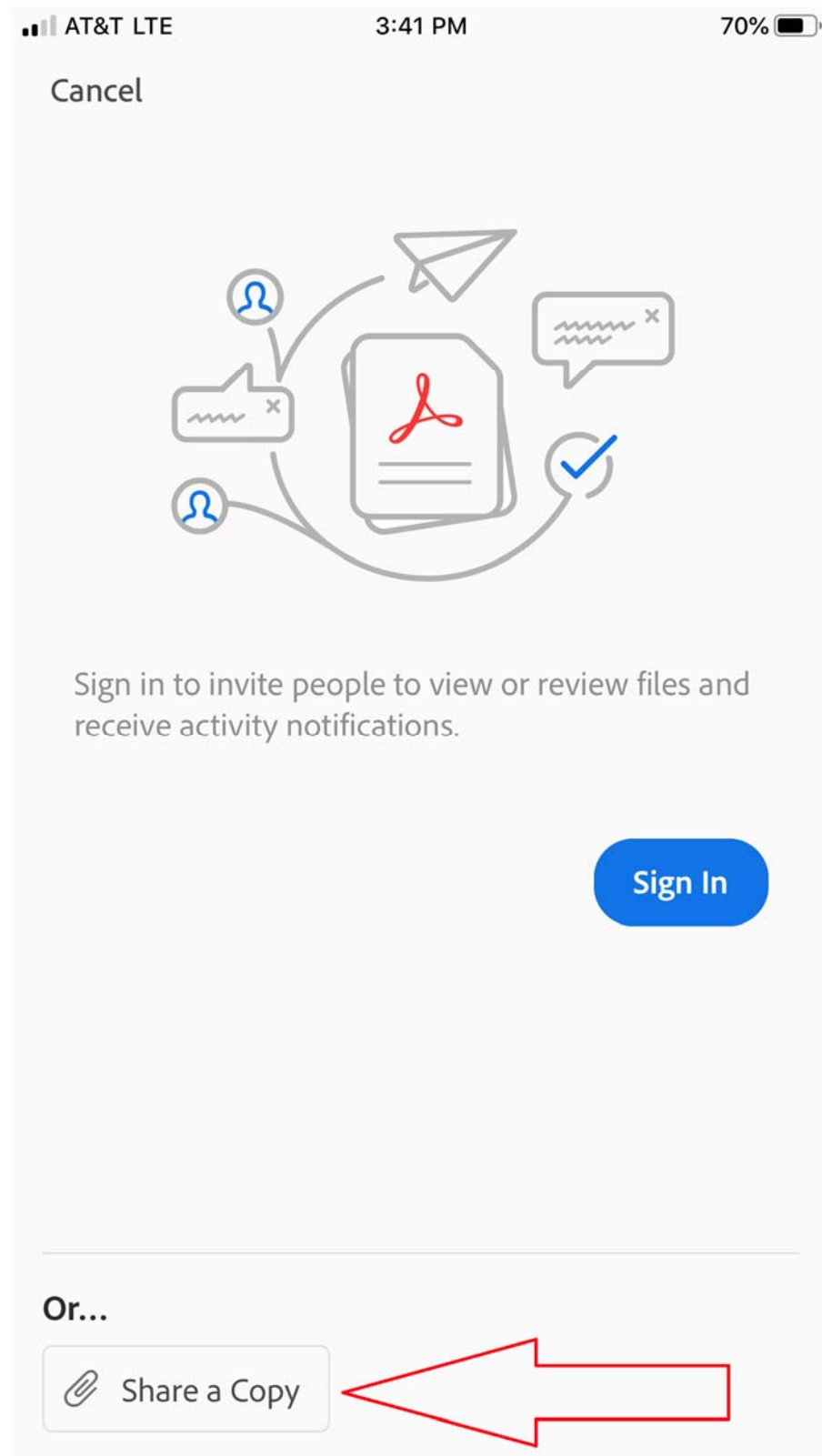
This form is to be completed and returned to department head on first day of each month.

- 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.

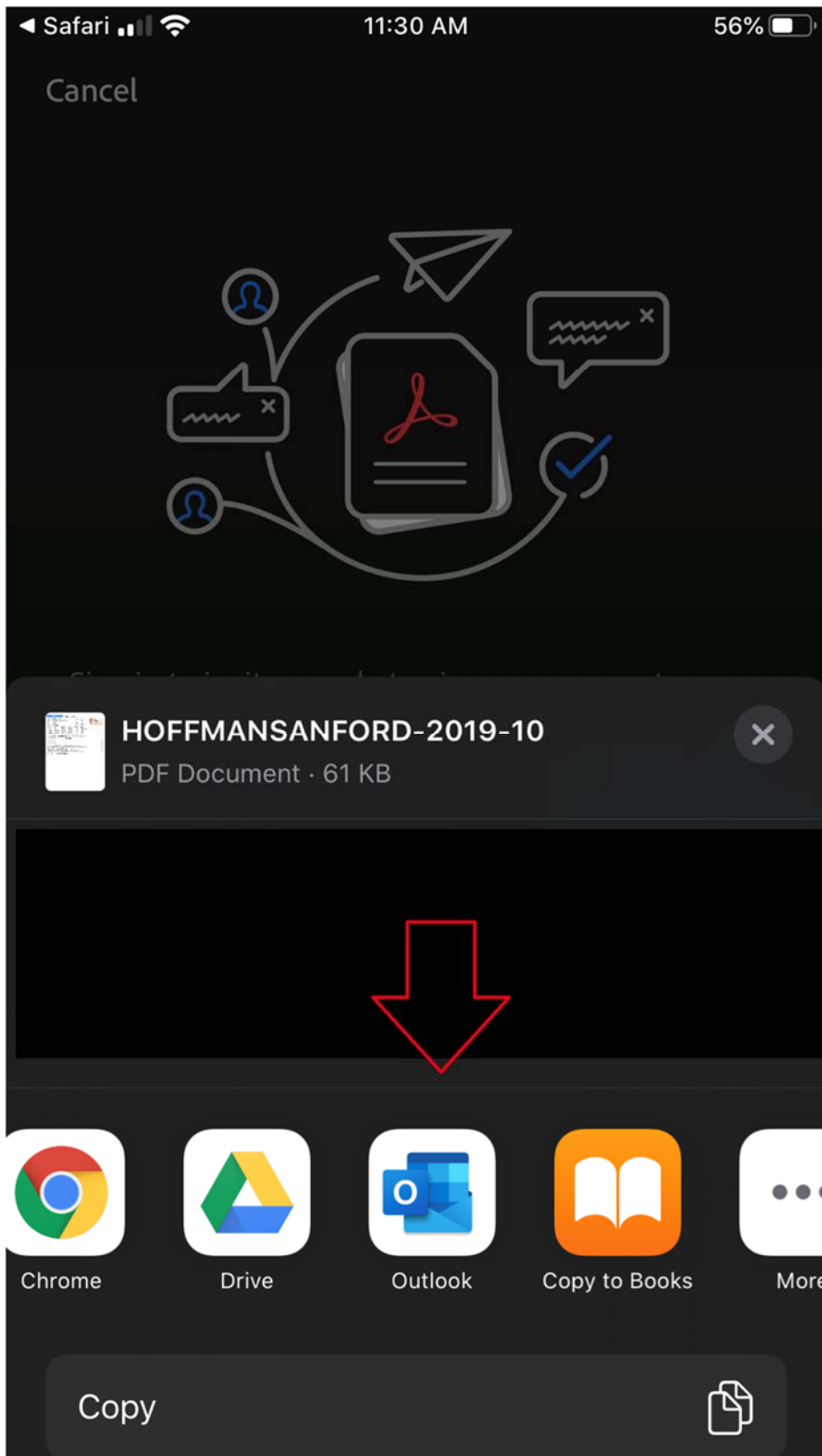
Document Created On: 10/8/2019 3:38:04 PM



Tap where it says, "Share a Copy".



Tap on the “Mail” icon.



Supply proper email address and send the email.

