

Custodial and Maintenance Time Sheet

Orange Board of Education

Employee Name: _____

Pay Period Start Date: _____

Position: _____

Pay Period End Date: _____

Employee Signature:

Manager Approval:

	WEEK 1							WEEK 1 TOTALS	WEEK 2							WEEK 2 TOTALS	TOTALS
Fill In Dates	SUN	MON	TUES	WED	THURS	FRI	SAT		SUN	MON	TUES	WED	THURS	FRI	SAT		
Weekday																	
Regular Hours																	
Overtime																	
Double Time																	
Sick Time																	
Vacation Time																	
Personal Day																	
Paid Holiday																	
Worker's Comp																	
Funeral																	
Jury Duty																	
Unpaid																	
Other																	