

Orange Board of Education

Employee Timesheet

Employee Name: _____

School Location: _____

Pay Period Start Date: _____ Pay Period End: _____

DAY	DATE	A START Time	B END Time	C <u>Regular Assigned Hours</u>	Complete Extra Hours if Applicable						Daily Total
					Teacher Substitute	Para Substitute	Classroom Aide Substitute	School Office Substitute	Recess Duty Substitute	Other:	
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
				Total Hours Assigned Position	Total Hours Teacher Sub	Total Hours Para Sub	Total Hours Classroom Aide Sub	Total Hours School Office Sub	Total Hours Recess Duty Sub	Total Other Hours	Total ALL Hours
TOTAL HOURS INITIALED BY SCHOOL AA: _____											

Employee Signature: _____ Principal Signature: _____