

Orange Board of Education

EMPLOYEE CLASSROOM TIMESHEET

EMPLOYEE NAME _____

SCHOOL LOCATION _____

PayPeriod Start Date _____ PayPeriod End Date _____

		A	B	C	HOURS Worked As A Substitute/Other Position						D
DAY	DATE	START Time	END Time	REGULAR Position HOURS	Teacher Substitute	Para Substitute	Classroom Aide Substitute	School Office Substitute	Café or Recess Substitute	Other	Total of Regular + Sub Hours
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
				Total Hours REGULAR Position	Total Hours TEACHER Sub	Total Hours PARA Sub	Total Hours CLASSAIDE Sub	Total Hours SCHOOLOFF Sub	Total Hours CAFÉ OR RECESS Sub	Total OTHER Hours	Timesheet Total Hours
AA INITIALS TOTALS ARE CONFIRMED											

EMPLOYEE _____ PRINCIPAL _____