School Security Officer Timesheet

ORANGE BOARD OF EDUCATION

SCHOOL_____

 Week Beginning ______
 Week Ending ______
 BUSINESS MANAGER SIGNATURE ______

REGULAR HOURS TIME OFF HOURS OTHER/EVENT HOURS												
DAY	DATE	TIME IN	TIME OUT	TOTAL REGULAR HOURS	TOTAL HOLIDAY HOURS	PAID TIME OFF HOURS	UNPAID TIME OFF HOURS	TIME IN	TIME OUT	TOTAL OTHER HOURS	DESCRIPTION	TOTAL HOURS
SUNDAY												
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY												
											WEEK 1-TOTAL HOURS	
SUNDAY												
MONDAY												
TUESDAY												
WEDNESDAY												
THURSDAY												
FRIDAY												
SATURDAY												
WEEK 2—TOTAL HOURS												
	TOTAL PAY PERIOD HOURS											

EMPLOYEE_____