

Security Monitor Timesheet

ORANGE BOARD OF EDUCATION

Employee _____

School _____

Week Beginning _____ Week Ending _____

Attn:
Payroll Department

637 Orange Center Road
Orange, CT 06477
203-891-8020 x 1211
Fax: 203-891-8025
Email: abooth@orange-ed.org

		REGULAR HOURS			TIME OFF HOURS			SUB/EVENT HOURS			DESCRIPTION	TOTAL HOURS
DAY	DATE	TIME IN	TIME OUT	Total Regular Hours	Paid Time Off	Unpaid Time Off	HOLIDAY HOURS	TIME IN	TIME OUT	Total Sub 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 SIGNATURE _____

PRINCIPAL SIGNATURE _____

REVIEWED BY BUSINESS MANAGER _____