

ORANGE BOARD OF EDUCATION

Employee Timesheet

Attn: BOE—Payroll
637 Orange Center Road
Orange, CT 06477

Employee: _____

Phone: 203-891-8020
Fax: 203-891-8025

School/Location: _____

Week Beginning: _____ Week Ending: _____

| Day | Date | In | Out | Regular Hours | Complete if Applicable | | | | Daily Total |
|-----------------|------|--------------|-----|---------------|------------------------|------------------------|----------------------|--------------|-------------|
| | | | | | Teacher Substitute | Office Aide Substitute | Cafeteria Substitute | Other: _____ | |
| Monday | | | | | | | | | |
| Tuesday | | | | | | | | | |
| Wednesday | | | | | | | | | |
| Thursday | | | | | | | | | |
| Friday | | | | | | | | | |
| Monday | | | | | | | | | |
| Tuesday | | | | | | | | | |
| Wednesday | | | | | | | | | |
| Thursday | | | | | | | | | |
| Friday | | | | | | | | | |
| Total of Above | | | | | | | | | |
| Office | | Rate | | | | | | | |
| Use Only | | Total | | | | | | | |

Employee signature: _____

Principal Signature: _____

ORIGINAL SIGNATURE ONLY:

ORIGINAL SIGNATURE ONLY:

Reviewed: Business Administrator: _____ (Please Initial)