

Orchard View Schools Employee Time Sheet

Name: _____ Bldg/Assignment: _____

Type of Work: _____ Substitute (if any): _____

Week of _____ to _____

Day Worked	Actual Time		Actual Time		Actual Time		Regular Hours	Overtime (1 ½)	Overtime (double)
	In	Out	In	Out	In	Out			
MONDAY									
TUESDAY									
WEDNESDAY									
THURSDAY									
FRIDAY									
SATURDAY									
SUNDAY									
TOTAL									

Date: _____

Account #/Reference # _____

Employee
Signature: _____

Administrative
Signature: _____