



Excellence in Staffing.

Employee Name: _____
(Please Print)
 District Name: **ORCHARD VIEW**
 GL/Budget Code: _____

Position: _____
 Rate of Pay: _____

Hourly/Daily Time Sheet

Day	Date	Start Time	End Time	Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Wk 1 Subtotal				

Day	Date	Start Time	End Time	Hours
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Wk 2 Subtotal				

Pay Period	Time Sheet Due	Pay Date
8/4/2024	8/17/2024	8/19/2024
8/18/2024	8/31/2024	*8/30/2024
9/1/2024	9/14/2024	9/16/2024
9/15/2024	9/28/2024	9/30/2024
9/29/2024	10/12/2024	10/14/2024
10/24/2024	10/26/2024	10/28/2024
10/27/2024	11/9/2024	11/11/2024
11/10/2024	11/23/2024	*11/22/2024
11/24/2024	12/7/2024	12/9/2024
12/8/2024	12/21/2024	*12/20/2024
12/22/2024	1/4/2025	1/6/2025
1/5/2025	1/18/2025	1/20/2025
1/19/2025	2/1/2025	2/3/2025
2/2/2025	2/15/2025	2/17/2025
2/16/2025	3/1/2025	3/3/2025
3/2/2025	3/15/2025	3/17/2025
3/16/2025	3/29/2025	3/31/2025
3/30/2025	4/12/2025	4/14/2025
4/13/2025	4/26/2025	4/28/2025
4/27/2025	5/10/2025	5/12/2025
5/11/2025	5/24/2025	*5/23/2025
5/25/2025	6/7/2025	6/9/2025
6/8/2025	6/21/2025	6/23/2025
6/22/2025	7/5/2025	7/7/2025
7/6/2025	7/19/2025	7/21/2025
7/20/2025	8/2/2025	8/4/2025
8/3/2025	8/16/2025	8/18/2025

PLEASE EMAIL OR FAX COMPLETED FORM TO:

payroll@edustaff.org or EDUStaff at 877-974-6339

Total Hours/Days: _____

For Pay Period Ending: _____

Employee Signature: _____

Date: _____

District Approval: _____

Date: _____