

ORCUTT UNION SCHOOL DISTRICT

HOURLY TIME SHEET

FOR THE MONTH OF _____ 20 _____

NAME: _____

POSITION: _____

SCHOOL: _____

PROGRAM: _____

If you are substituting for another person, please indicate that person's name in the "Comments" column.

DATE	HRS/MIN WORKED	COMMENTS

TOTAL HOURS WORKED _____

RATE PER HOUR: _____

(Employee Signature)

(Verified by Supervisor)

(Assistant Superintendent, Ed. Services)

CHARGE TO:

SUPPLEMENTAL

- NWEA
- ELD
- Compass Learning
- Academic Intervention

- TITLE I
- TITLE II
- TITLE III
- OVERTIME (32+)
- CURRICULUM
- SBAC
- 7405
- EIA
- ELC
- PDXX
- OTHER _____