ORCUTT UNION SCHOOL DISTRICT

HOURLY TIME SHEET

FOR THE MONTH OF _____20 _____

NAME:_____ **POSITION:**_____

SCHOOL:_____ **PROGRAM:**_____

Please round to the nearest 5 min.

DATE	HRS/MIN WORKED	COMMENTS
Do not include lunch periods.		
Total:		

TOTAL HOURS WORKED_____

RATE PER HOUR:_____

_____

(Employee Signature)

_____

(Verified by Supervisor)

_____

(Assistant Superintendent, Ed. Services)

CHARGE TO:

LCAP

- ☐ ASSESSMENTS/DIBELS/NWEA
- ☐ ELD/DELAC/ELAC
- ☐ After School Computer/COMP
- ☐ Academic Intervention/ ACAD

- ☐ TITLE I
- ☐ TITLE II
- ☐ TITLE III
- ☐ OVERAGE (32+)
- ☐ CURRICULUM
- ☐ SBAC
- ☐ ELC
- ☐ PDXX
- ☐ Site Budget: 0000

Mgmt code:_____

- ☐ OTHER_____

REVISED 7/17/2017