ORCUTT UNION SCHOOL DISTRICT

NOON DUTY TIME SHEET

FOR THE MONTH OF _____20 _____

NAME:_____ **SUB OR REGULAR** (PLEASE CIRCLE ONE)

SCHOOL:_____

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)