ORCUTT UNION SCHOOL DISTRICT

NOON DUTY TIME SHEET

MONTH_____ 20_____

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

WORK LOCATION: _____

DATE	TIME IN	TIME OUT	TOTAL HOURS	NOTES & EMPLOYEE REQUIRING SUBSTITUTE COVERAGE
		TOTAL HOURS:		

EMPLOYEE SIGNATURE_____

DATE_____

SUPERVISOR SIGNATURE_____

DATE_____

Revised 12/13/2022