

**OAK GROVE SCHOOL DISTRICT  
TIME SHEET**

Employee Name (please print) \_\_\_\_\_

School or Department \_\_\_\_\_

Employee ID Number \_\_\_\_\_

Budget Control Number \_\_\_\_\_

Yard Duty

Duties: \_\_\_\_\_

Substitute for: \_\_\_\_\_

Absent Teacher

**Certificated Employees (Failure to indicate will result  
in payment at non-instructional rate)**  
Direct instruction  Non-instruction

Reason for absence: \_\_\_\_\_

Indicate the number of hours and quarter hours worked on each date below.

\_\_\_\_\_  
Month/Year

11 \_\_\_\_\_  
12 \_\_\_\_\_  
13 \_\_\_\_\_  
14 \_\_\_\_\_  
15 \_\_\_\_\_  
16 \_\_\_\_\_  
17 \_\_\_\_\_  
18 \_\_\_\_\_  
19 \_\_\_\_\_  
20 \_\_\_\_\_  
21 \_\_\_\_\_  
22 \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_

\_\_\_\_\_  
Month/Year

27 \_\_\_\_\_  
28 \_\_\_\_\_  
29 \_\_\_\_\_  
30 \_\_\_\_\_  
31 \_\_\_\_\_

\_\_\_\_\_  
Month/Year

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_  
9 \_\_\_\_\_  
10 \_\_\_\_\_

**Total Hours** \_\_\_\_\_

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

Signature of Principal or Supervisor \_\_\_\_\_

Date \_\_\_\_\_

DISTRICT OFFICE USE ONLY:	Job/Account Code	Time Paid	Per Day/Hour	Amount
<b>TOTAL</b>				