

## 2025-2026 Overtime / Comp Time

Employee Name: \_\_\_\_\_

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

Contract hours per day \_\_\_\_\_

Please fill in the **hours** each day that you are working over your contracted hours.

Week Ending:		Sun	Mon	Tue	Wed	Thu	Fri	Sat	TOTAL	Central Office Use
	Hours over:									
	Comp Time									
	Used:									
	Hours over:									
	Comp Time									
	Used:									
	Hours over:									
	Comp Time									
	Used:									
	Hours over:									
	Comp Time									
	Used:									
	Hours over:									
	Comp Time									
	Used:									
Total overtime this pay period										

Overtime is to be:

PAID

COMP TIME


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

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Reason for Overtime**


Pre-approved by Superintendant

Other

Explain:

\_\_\_\_\_

Overtime/Comp time sheets should be completed monthly. Below are the Pay Period end dates. Please submit your time sheet as soon as possible after Pay Period end date.

June 28

Aug 30

Oct 25

Dec 20

Feb 28

Apr 25

July 26

Sep 27

Nov 22

Jan 31

Mar 21

May 30