

2026-2027 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 Superintendent

Other

Explain: _____

Overtime/Comp time sSheets should be completed monthly. Please submit your time sheet as soon as possible after each of the dates listed below.

July 4

Aug 29

Oct 31

Dec 19

Feb 27

Apr 24

Aug 1

Sep 26

Nov 21

Jan 30

Mar 20

May 30