

# 2023 / 2024 Overtime/Comp Time

# Cabot School District

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

ID Number: \_\_\_\_\_

Contract Hours per day: \_\_\_\_\_

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

Week Ending Date		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 Sheets should be completed monthly. Below are the Pay Period end dates. Please submit your time sheet as soon as possible after the Pay Period end date.

**Jul 1**

**Aug 26**

**Oct 21**

**Dec 16**

**Feb 24**

**Apr 27**

**Jul 29**

**Sept 23**

**Nov 18**

**Jan 27**

**Mar 30**

**Jun 01**