OVERTIME SHEET FOR EMPLOYEE CARETAKERS

EMPLOYEE NAME: _____ **SCHOOL:** _____

EMPLOYEE SIGNATURE: _____

DATE	HOURS FROM	HOURS TO	TOTAL HOURS	REASON	DETAILED DESCRIPTION OF WORK PERFORMED	APPROVED BY	METHOD (Indicate if approval was given verbally by telephone, written or if it was an emergency situation)

FOR OFFICE USE ONLY

PAY _____	hours at regular time	_____ X	$_____	= $_____
PAY _____	hours at time and one half	_____ X	$_____	= $_____
PAY _____	hours at double time	_____ X	$_____	= $_____

SUB-TOTAL	
VACATION PAY	
TOTAL	