

BELLEFONTE AREA SCHOOL DISTRICT ADD'L REGULAR HOURS/OVERTIME REPORT

EMPLOYEE NAME: _____

BLDG: _____

Weekday	Date	Start to Stop Times	# ADD'L REG HOURS	Start to Stop Times	Called In YES/NO	# HOURS WORKED	COMP TIME WAGES		DUTIES PERFORMED
							(CHECK ONE BOX)		
Sunday									
Monday									
Tuesday									
Wed									
Thursday									
Friday									
Saturday									
Sunday									
Monday									
Tuesday									
Wed									
Thursday									
Friday									
Saturday									

EMPLOYEE'S SIGNATURE: _____

_____ Date

PRINCIPAL SIGNATURE: _____

_____ Date

SUPERVISOR SIGNATURE: _____

_____ Date

- 1 This report must follow pay period dates.
- 2 All additional/OT hours worked must have prior authorization by an administrator.
- 3 This report must be filed with your regular timesheet.
- 4 This report cannot be processed without employee and all supervisory signatures.
- 5 Comp Time or Overtime Wages on this report will not be credited/paid if not completed properly.
- 6 You can receive WAGES ONLY for Additional Regular Hours.
- 7 This and all payroll forms must be completed in ink.

DON'T CARRY THIS INFORMATION TO TIMESHEET!!!