CABOT SCHOOL DISTRICT

Overtime/Comp Time 2018 - 2019

Employee Name: _____ Employee I.D.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

Previous Balance

CURRENT BALANCE (can not exceed 40 hours)

I certify that the hours recorded above are correct.

Extra Hours to be: Paid

Comp Time

_____ _____

Employee Signature Date

_____ _____

Supervisor's Signature Date

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

July 6	**Aug 31**	**Oct 26**	**Dec 18**	**Feb 22**	**Apr 26**
Aug 3	**Sept 28**	**Nov 16**	**Jan 25**	**Mar 29**	**May - last day of school**