

# CABOT SCHOOL DISTRICT

# 2019 - 2020 Overtime/Comp Time

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										
Previous Balance										
<b>CURRENT BALANCE (can not exceed 40 hours)</b>										

Overtime is 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.

Jun 28

Aug 30

Oct 25

Dec 20

Feb 21

Apr 24

Aug 2

Sept 27

Nov 22

Jan 31

Mar 19

May - last day of school

