

CABOT SCHOOL DISTRICT

2020 - 2021 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	
									CURRENT BALANCE (can not exceed 40 hours)	

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. Please submit your time sheet as soon as possible after each of the dates listed below.

July 2	Aug 28	Oct 29	Dec 18	Feb 26	Apr 30
July 31	Sept 25	Nov 20	Jan 29	Apr 2	June - last day of school