

**WAYNE TRACE LOCAL SCHOOL  
EMPLOYEE HOURLY / OVERTIME REPORT**

EMPLOYEE NAME: \_\_\_\_\_

BUILDING OR DEPARTMENT YOU WORKED AT: \_\_\_\_\_

**Please complete ALL information below. Check AM or PM. If information is missing it will result in a delay of payment.**

WEEK 1	DUTIES PERFORMED	START TIME	FINISH TIME	HOURS
DATE WORKED				
<u>MONDAY</u>		AM PM	AM PM	
<u>TUESDAY</u>		AM PM	AM PM	
<u>WEDNESDAY</u>		AM PM	AM PM	
<u>THURSDAY</u>		AM PM	AM PM	
<u>FRIDAY</u>		AM PM	AM PM	
<u>SATURDAY</u>		AM PM	AM PM	
<u>SUNDAY</u>		AM PM	AM PM	

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WEEK 2	DUTIES PERFORMED	START TIME	FINISH TIME	HOURS
DATE WORKED				
<u>MONDAY</u>		AM PM	AM PM	
<u>TUESDAY</u>		AM PM	AM PM	
<u>WEDNESDAY</u>		AM PM	AM PM	
<u>THURSDAY</u>		AM PM	AM PM	
<u>FRIDAY</u>		AM PM	AM PM	
<u>SATURDAY</u>		AM PM	AM PM	
<u>SUNDAY</u>		AM PM	AM PM	

TOTAL HOURS WORKED: \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

TOTAL HOURS WORKED: \_\_\_\_\_ TOTAL OVERTIME HOURS WORKED: \_\_\_\_\_

HOURLY RATE: \_\_\_\_\_ OVERTIME HOURLY RATE: \_\_\_\_\_

TOTAL TO BE PAID: \_\_\_\_\_ TOTAL OVERTIME TO BE PAID: \_\_\_\_\_