001-2822-149-0000-000000-300

WAYNE TRACE LOCAL SCHOOL
EMPLOYEE HOURLY / OVERTIME REPORT

EMPLOYEE NAME: _____

BUILDING OR DEPARTMENT YOU WORKED AT: GH Mailbag

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

WEEK 1 DATE WORKED	DUTIES PERFORMED	START TIME	FINISH TIME	HOURS
MONDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
TUESDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
WEDNESDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
THURSDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
FRIDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
SATURDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
SUNDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____

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WEEK 2 DATE WORKED	DUTIES PERFORMED	START TIME	FINISH TIME	HOURS
MONDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
TUESDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
WEDNESDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
THURSDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
FRIDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
SATURDAY _____	_____	AM ☐ PM ☐	AM ☐ PM ☐	_____
SUNDAY _____	_____	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: $5.00/DAY **OVERTIME HOURLY RATE:** _____

TOTAL TO BE PAID: _____ **TOTALOVERTIME TO BE PAID:** _____

Rev 9-2024