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				
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	DUTIES PERFORMED	START TIME	FINISH TIME	HOURS
DATE WORKED				
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: _____ **OVERTIME HOURLY RATE:** _____

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

Rev 8-2015