

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

EMPLOYEE NAME: _____

BUILDING OR DEPARTMENT YOU WORKED AT: _____

Please complete ALL information below. Circle 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	_____

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: _____