MINFORD LOCAL SCHOOL

OVERTIME

PAYROLL DATE

NAME _____ _____

Date (list each day)	Beginning Time	Ending Time	Hours Worked	Duties Performed Use more than one line if necessary	Amt. Due (payroll use only)

PLEASE LIST OVERTIME HOURS FOR A TWO WEEK PERIOD AND RETURN TO PAYROLL AT THE END OF EACH PAY PERIOD. THE PAY PERIOD ENDS ON THE PAYROLL DATE.

APPROVED BY _____