

SIMCOE COUNTY DISTRICT SCHOOL BOARD

Midhurst, Ontario

L0L 1X0

(705) 734-6363

SUPPORT STAFF OVERTIME REPORT

Employee Name: _____ Employee ID #: _____

Classification: _____

WEEK 1	<u>DATE</u>	<u>HOURS</u>	<u>REASON FOR OVERTIME</u>	<u>LOCATION</u>	<u>APPROVED BY</u>
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
TOTAL					
<hr/>					
WEEK 2	<u>DATE</u>	<u>HOURS</u>	<u>REASON FOR OVERTIME</u>	<u>LOCATION</u>	<u>APPROVED BY</u>
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					
TOTAL					
GRAND TOTAL					

Account Number to be Charged: _____

Employee Signature: _____