300.1

# EMPLOYEE OVERTIME TIME SHEET

To: **RESA-6**

##  30 G. C. & P. Road (Print) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##   Wheeling, WV 26003  Employee ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Fax: 243-0443

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| Date | School/Building | Time of Work | Description of Work |  |  |  | Total Hours | Amount per Hour | Total |
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Overtime can be paid only under the conditions specified in Policy 507. In summary, these conditions include:

* Cumulative hours worked for the week are in excess of 40 hours.
* Supervisor has received pre-approval of overtime hours from the Executive Director before directing the work.

**Reason for Overtime: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Employee** **Date \_\_\_\_\_\_\_\_\_\_\_**

**Signature of Supervisor**  **Date \_\_\_\_\_\_\_\_\_\_\_**

## Signature of Executive Director Date \_\_\_\_\_\_\_\_\_\_\_