

Onteora Central School District
Boiceville, NY 12412

NAME _____

POSITION _____

I certify the hours shown as worked are correct to the best of my knowledge.

OVERTIME SHEET 2019-2020

Signature _____

Date _____

DATE	DESCRIPTION OF OVERTIME	TIME		# OF HOURS WORKED	
		FROM	TO	Straight Time 1.0	Time & 1/2 1.5
TOTALS					

RECOMMENDED FOR PAYMENT: _____ Budget Code: _____
Supervisor - Date

APPROVED FOR PAYMENT: _____
Business Administrator - Date