



Brooks County Independent School District

Overtime Report Maintenance / Transportation / Custodians

OVERTIME	
COMPTIME	

EMPLOYEE NAME: _____

_____ Campus

STAFF ID: _____

_____ Department

Date work performed: _____

Day of the week: _____

DESTINATION: _____

Nature of work done: _____

Describe in detail _____

HOURS WORKED:

Beginning time: _____ am/pm

Ending time: _____ am/pm

TOTAL HOURS: _____

I certify that the above information is correct.

Signature of Employee

Date

This overtime certified and authorized by :

Signature of Supervisor

Date

This overtime certified and authorized by :

Signature of Superintendent

Date

*****FOR OFFICE USE ONLY*****

REGULAR HOURS

DUE TO ABSENCE _____

- ACCOUNT CODE
- _____
199-34-6121-00-906-399 Drivers Regular
 - _____
199-34-6121-00-906-323 Drivers-Special Ed.
 - _____
199-51-6121-00-905-399 Maintenance
 - _____
281-51-6121-00-905-399 Disinfecting
 - _____
199-36-6121-00-906-399 Drivers- Extra-Curricular

REGULAR	REGULAR	
HRS	RATE	TOTAL

- ACCOUNT CODE
- _____
199-51-6121-02-905-399 Lasater Custodial
 - _____
199-51-6121-03-905-399 Elem Custodial
 - _____
199-51-6121-04-905-399 FJS Custodial
 - _____
199-51-6121-05-905-399 FHS Custodial

OVERTIME TIME HOURS

OT	OT	
HRS	RATE	TOTAL

NOTE:
THIS FORM TO BE COMPLETED IMMEDIATELY
AFTER PERFORMANCE OF OVERTIME DUTIES AND
SUBMITTED TO THE PAYROLL / PERSONNEL DEPT.