

EXTENDED DAY PROGRAM

Overtime Calculation Form



Employee Name _____

Extended Day Location _____

CPSB Primary Position _____

Week of:	Hours Worked in Primary CPSB Position					Overtime Calculation			Employee Initials	Reason for Overtime	
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hrs Worked in Primary Position	Total Hrs Worked in EDP	Hrs to be paid at EDP Regular Rate			Hrs to be paid at EDP Overtime Rate

Employee Signature

Date

Principal Signature

Date

Note: You may not enter hours that you were not physically at work. Holidays, sick leave, and personal business days do not count toward overtime. However, if school was closed and you attended a school or system in-service, you would record the hours that you attended the in-service on the form.