

CANTON PUBLIC SCHOOL DISTRICT Office of Business and Finance

Tony Foster
Director
Tracy Lewis
Assistant. Director

OVERTIME/COMPENSATION TIME RECORD

WEEK OF:						
Employee Name (Print):						
School/Department						
Reason:						
			To receive compensation (check one below)			
Signature	Date	Estimated	Actual	Pay	Comp.	
		Time	Time		Time	
			-			
Employee Signature:			Date:			
Supervisor Signature:			Date:			
Superintendent Signature:			Date:			

Time should be taken within thirty (30 days of specified date

This form must be attached to the time report indicating when compensation was earned

"Perseverance Conquers All"