

Mount Olive Township School District – Time Sheet for Extra Hours

Name: _____
(please print full name)

Current Position: _____

School: _____

Currently Approved Hours: _____
(example: 8:00 – 3:00)

Please ensure that all time sheets are completed in their entirety. Any submissions lacking necessary information will be returned and your extra pay may be delayed.

Date Worked	Extra Time Worked <small>(example. 9:00-1:00) DO NOT INCLUDE BASE HOURS</small>	Reason	Total Hours * <small>*ALL HOURS NEED TO BE IN DECIMAL FORMAT ONLY (see below)*</small>
<p><i>*Examples: 15mins = .25 30mins = .5 45mins = .75</i></p> <p style="text-align: right;"><i>*TOTAL HOURS →</i></p>			

Supervisor/Principal to complete:

Board Approval Agenda Date: _____ Action Item Number: _____

Supervisor or Building Principal Signature: _____ Date: _____

By signing above, I hereby certify that I have verified the dates and hours worked as noted on this timesheet.