Brooks County Independent School District

Overtime Report
Operations / Transportation / Custodians

Overtime	
Comptime	

Employee Name: _____ _____

Campus / Department

Staff ID: _____

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 (if needed) Date

FOR OFFICE USE ONLY

Regular Hours

ACCOUNT CODE

Due to absence _____

_____ **199-34-6121-00-906-799 Drivers Regular**

_____ **199-34-6121-00-906-723 Drivers-Special Ed.**

_____ **199-51-6121-00-905-799 Maintenance**

_____ **199-36-6121-00-906-799 Drivers- Extra-Curricular**

Regular Hrs	Regular Rate	Total

ACCOUNT CODE

Overtime Hours

_____ **199-51-6121-02-905-799 Lasater Custodial**

_____ **199-51-6121-03-905-799 Elem Custodial**

_____ **199-51-6121-04-905-799 FJS Custodial**

_____ **199-51-6121-05-905-799 FHS Custodial**

OT Hrs	OT Rate	Total

This form to be completed immediately after performance of overtime duties and submitted to the HR/Payroll Department