COLTON-PIERREPONT CENTRAL SCHOOL

SALARIED– REGULAR TIME AND OVERTIME

PRINT NAME: _____

For the week ending _____, this is to certify that I have worked as outlined below.

REGULAR HOURS			OVERTIME HOURS	
	DATE	Number of Hours	DATE	Number of Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
TOTAL HOURS			TOTAL HOURS	

DATE _____ Signature _____

Supervisor Approval _____

_____

FOR OFFICE USE ONLY

POSITION CODE _____ BUDGET CODE _____

TOTAL HOURS _____X RATE PER HOUR _____ = TOTAL $_____