ADELANTO SCHOOL DISTRICT
CLASSIFIED CONTRACT OVERTIME

NAME: ______________________________

LAST 4 DIGITS OF SSN: ______________

SCHOOL SITE: PAY PERIOD DATES:

DATE	JOB DESCRIPTION/ SUBSTITUTED FOR:	REASON	JOB #	BUDGET	TOTAL HOURS
			A. TOTAL REG. HOURS:		
			B. OVERTME HOURS:		
			C. LINE "B" x 1.5:		
			D: "A" - "B" + "C":		

FUNDING: **HOURS/DAYS WORKED @ $__________ AMOUNT:**

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FUNDING: **HOURS/DAYS WORKED @ $__________ AMOUNT:**

EMPLOYEE'S SIGNATURE: **DATE:**

SIGNATURE OF ADMINISTRATOR: **DATE:**

SIGNATURE OF DISTRICT ADMINISTRATOR: **DATE:**

REV 12/16/2020 (JO)