VENTNOR BOARD OF EDUCATION

PAYROLL EXTRA TIME/OVERTIME SHEETS

NAME OF EMPLOYEE (Please Print): _____

Please circle appropriately

DATE	TIME START	TIME FINISH	EXTRA/OVERTIME ACTIVITY	HRS. WORKED
DATE			SIGNATURE	

Approved by: _____ Total hours worked: _____

Not Approved by: _____
See note attached _____

PAYROLL DEPT. BOARD OFFICE _____

Date Processed: _____ Payroll Date: _____ Processed by: _____

Payroll # _____

*Note: Do not alter time sheets. Please attach a note to time sheet if there is a problem