

2026-2027

***George County School District
Overtime Payroll Signature Sheet***

Employee Name _____

Number of Overtime Hours Worked _____

If more than 2 hours per month, date of pre-approval from superintendent

(Documentation of pre-approval must be attached. Approval per email from Superintendent is sufficient)

Employee's time sheet must be attached.

Employee Signature _____

Supervisor Signature _____

Straight Time Payroll Signature Sheet

Employee Name: _____

Number of Straight Hours Worked _____

Employee and Supervisor agree straight time will be paid at hourly rate of pay.

Employee Signature _____

Supervisor Signature _____