

2025-2026

**George County School District  
Overtime/Comp Time Payroll Signature Sheet**

Employee Name \_\_\_\_\_

Employee #: \_\_\_\_\_

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 and Supervisor agree overtime will be:

paid at 1 ½ hourly rate of pay

Or

compensated in time at 1 ½

Employee's time sheet must be attached.

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

***Straight Time Payroll Signature Sheet***

Employee Name: \_\_\_\_\_

Employee #: \_\_\_\_\_

Number of Straight Hours Worked \_\_\_\_\_

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

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_