

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 _____