



OVERTIME TIME SHEET
TUNKHANNOCK AREA SCHOOL DISTRICT

FULL NAME: _____

MONTH: _____

(PLEASE PRINT CLEARLY)

BUILDING: _____

WEEK START _____ WEEK END _____

POSITION: _____

DAY	DATE	ACTIVITY	BLDG	TIME IN	TIME OUT	TOTAL HOURS
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

TOTAL HOURS

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

SUPERINTENDENT SIGNATURE