



Building Services Overtime Form

(1) EMPLOYEE NAME	(2) EMPLOYEE ID	(3) LAST FOUR OF SOCIAL SECURITY	(4) LOCATION	(5) 12- or 10-Month Employee

(6) EXPLANATION OF OVERTIME WORK	
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(7) CHECK ONE	<input type="checkbox"/> CUSTODIAL <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> LOGISTICS
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(8) DATE	(9) DAY OF THE WEEK	(10) WR ID #	(11) TIME IN	(12) TIME OUT	(13) APPROVED BY
	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				

(14) TOTAL HOURS WORKED	
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(15) EMPLOYEE SIGNATURE	(16) DATE
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(17) SUPERVISOR SIGNATURE	(18) DATE
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*Note: When signing this form you are acknowledging that you are only eligible for the overtime listed above if you have physically worked a 40-hour week for the current workweek. Overtime begins Sunday at 00:01 and ends on Saturday 24:00



Building Services Overtime Form

Instructions for documenting information onto form:

- (1) **Employee name:** Please print the employees' name who has worked overtime during workweek.
- (2) **Employee ID:** Indicate the employees ID number who has worked overtime during workweek.
- (3) **Last four of social security:** Indicate the last four numbers of the employees social security number.
- (4) **Location:** Document the school or site the employee worked overtime.
- (5) **12- or 11-Month Employee:** Please indicate whether the employee is a 12 or 10 month employee.
- (6) **Explanation of overtime work:** Document the scope of work performed during overtime hours.
- (7) **Check one:** Check the box that coincides with the department the employee is working during overtime hours.
- (8) **Date:** Document the date overtime was worked.
- (9) **Day of the week:** Ensure the data and day align when documenting overtime.
- (10) **WR ID#:** If applicable, document the workorder ID# associated with the work being performed.
- (11) **Time In:** Document the time when the employee began working overtime hours.
- (12) **Time Out:** Document the time when the employee stopped working overtime hours.
- (13) **Approved by:** Document who approved employee to work overtime for that given day. Only the employee's direct supervisor can give permission to work overtime hours. (Custodial Area Managers, Supervisor of facility Grounds, HVAC and Electrical, General Construction, Plumbing, Logistics Manager, Director of Maintenance and Director of Custodial).
- (14) **Total hours worked:** Indicate the total number of hours employee worked overtime for workweek.
- (15) **Employee signature:** The employee who's overtime hours are documented on form must sign in area provided.
- (16) **Date:** The employee who's overtime hours are documented on form must date in area provided immediately after signature.
- (17) **Supervisor Signature:** The employees' direct supervisor must sign in area provided indicating their approval of overtime hours documented on form. If this document is signed by anyone except the employee's direct supervisor, listed in section 11, this document will be void.
- (18) **Date:** The employees' direct supervisor must date in area provided immediately after signature.