

MARLBORO CENTRAL SCHOOL DISTRICT  
SECRETARIAL UNIT  
OVERTIME/COMPENSATORY TIME CLAIM FORM  
2011-2012

Please use one form for each week worked Monday-Sunday

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

Work Week	Date	Time Worked	Total Hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total Hours for			
Week: _____			

Pay \_\_\_\_\_ Accumulate \_\_\_\_\_

Straight Time: \_\_\_\_\_ Total: \_\_\_\_\_

Time and One-Half: \_\_\_\_\_ Total: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Assistant Superintendent for Business' Signature: \_\_\_\_\_

NOTE: To use Accumulated time submit leave request form.

*NTB*