

MARLBORO CENTRAL SCHOOL DISTRICT
SECRETARIAL UNIT
OVERTIME/COMPENSATORY TIME CLAIM FORM
2018-2019

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: _____

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Monday			
Tuesday			
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Friday			
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Sunday			
Total Hours for Week:			

Pay _____ Accumulate _____

Straight Time: _____ Total: _____

Time and One-Half: _____ Total: _____

Employee's Signature: _____

Supervisor's Signature: _____

Director of Business & Finance Signature: _____

NOTE: To use Accumulated time submit leave request form.

Time and One-Half: _____ Total: _____

Employee's Signature: _____

Supervisor's Signature: _____

Director of Business & Finance Signature: _____

NOTE: To use Accumulated time submit leave request form.