



South Shore Regional School Board

Overtime and Bank Time Reporting

Employee Information

Employee Name: _____

Employee Number: _____ Department: _____

Position: _____

Date (mm/dd/yy)	Day	Hours	Please "x" one			Total	Please "x" one		Reason
			@1.0	@1.5	@2.0		Bank	Paid	
	Sun								
	Mon								
	Tue								
	Wed								
	Thu								
	Fri								
	Sat								

Total Hours: _____

Comments:

Employee Signature *Date*

Supervisor Approval

Prior Approval Received by Supervisor Date: _____

Supervisor Signature *Date*

Date Sent to Payroll