EXTRA DUTY | ASSUMED DUTY | OVERTIME | USE ONE FORM PER WEEK | REMEMBER TO SIGN BACK | ALL APPLICABLE FIELDS MUST BE COMPLETE | INCOMPLETE FORMS WILL BE RETURNED

Employee Name (Print):

SECTION 1	*Regular Contracted Position (list all if more than one)*							
1. Position Title:		2. Position Title:		3. Position Title:		4. Position Title:	
Building:		Building:		Building:		Building:	
Start Time:		Start Time:		Start Time:		Start Time:	
End Time:		End Time:		End Time:		End Time:	
Number of hours:		Number of hours:		Number of hours:		Number of hours:	

Total regular contracted hours in a week:

SECTION 2	*Extra Duty, Overtime, Assumed Duty*						For Drivers | For Shift Differential | Indicate with "X"					
SUN-SAT Weekly Dates	Position Title	Building	Start Time	End Time	Extra Duty Hours	Assumed Duty Hours	Athletic Trip	Club Trip	Misc. Trip	Bus Wash/Clean	Extra/Assumed Duty Unrelated to Bus Garage	Shift Differential

If applicable, overtime hours (over 40 per week) request as comp time, *circle*: YES NO

SEE BACK SIDE FOR HOURS NOT WORKED (if assumed a duty during regular hours listed in Section 1) and for SIGNATURE LINE!! ALL FORMS MUST BE SIGNED BY EMPLOYEE AND SUPERVISOR!!!

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SECTION 3	*Hours Not Worked (from each position listed in Section 1)*				
SUN-SAT Weekly Dates	Position Title	Building	Start Time *Not Worked*	End Time *Not Worked*	Total Daily Hours *Not Worked*

Employee Signature

Supervisor Signature