PAXTON-BUCKLEY-LODA CUSD #10

OVERTIME WORK SCHEDULE

NAME_____MONTH/YEAR_____

SOCIAL SECURITY #:_____

DATE	TIME	HOURS WORKED	EXPLANATION OF DUTY

Dept. Approval/Signature_____ Total Hours_____

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For Office Use Only:

Overtime Wage _____X _____hrs. = _____

Holiday Wage _____X _____hrs. = _____

Total Wages_____

2/14/03