

OVERTIME REPORT

MONTCLAIR BOARD OF EDUCATION

22 Valley Road, Montclair, NJ 07042

Name _____

SS # (last 4 numbers) _____

Location _____

Approval _____ Date _____

Approval _____ Date _____

Approval _____ Date _____

Approval _____ Date _____

Day	Date	Detailed Description of Work Performed	x if Rental	Time		# of Hours
				From	To	
Sun						
Mon						
Tues						
Wed						
Thurs						
Fri						
Sat						
Total Hours						

Complete weeks only - do not split weeks

Payroll Use Only		
S/T	O/T	D/T
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Time reports should be submitted based on the Payroll Schedule for Time Report /Overtime Reports/ Home Instruction. Please sign & date your time report or it will be returned to you, delaying payment.

MEA Contract 4.14(f) Timesheets will be submitted to the district designee within 30 days after the hours are worked. The district will pay the employee within 30 days of submission.

Authorization for payment

I certify that the information on this sheet is a correct representation of actual time worked for the Montclair Board of Education.

Employee Signature

Date

You are responsible for your own records. Please keep a copy.

CENTRAL OFFICE USE ONLY

_____	Day School	11-000-262-100-020-31-58	_____	_____ x _____ = _____
_____	Rental	11-800-330-100-000-00-10	_____	S/T Hrs Rate
_____	Clerical CO	11-000-230-100-020-99-08	_____	_____ x _____ = _____
_____	Clerical	11-000-240-105-020-00-06	_____	O/T Hrs Rate
_____	Ath. Trans.	11-000-270-162-000-28-65	_____	_____ x _____ = _____
_____	Security	11-000-266-100-010-36-06	_____	D/T Hrs Rate
_____	Security HS Ath	11-402-100-100-020-28-65	_____	
_____	Fitness Center	11-402-100-100-030-28-65	_____	
_____	Tech	11-190-100-106-050-35-22	_____	
_____	Other	_____	_____	
				GRAND TOTAL _____