



# UTICA COMMUNITY SCHOOLS

## Employee Time Record for Regular and/or Overtime Hours

Employee Name: \_\_\_\_\_ Location: \_\_\_\_\_

Employee ID: \_\_\_\_\_ ASN: \_\_\_\_\_

Position: \_\_\_\_\_ Check One:  Regular  Overtime  Other

Reason for Additional Hours: \_\_\_\_\_

Pay Period Start Date: \_\_\_\_\_

Pay Period End Date: \_\_\_\_\_

DAY	DATE	START TIME	END TIME	REGULAR HOURS	OVERTIME HOURS	COMMENTS
TOTAL HOURS						
RATE PER HOUR \$						

Employee Signature: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Approved by: \_\_\_\_\_

HUMAN RESOURCES USE ONLY	
Amount: _____	
HR Approval: _____	Date: _____

- INSTRUCTIONS:**
1. Additional hours must have prior approval by the administrator of the appropriate department before being submitted.
  2. If applicable, indicate in the comments section of each record regarding lunch (i.e., no lunch/lunch taken).
  3. Employee should make a copy of the form for their records.
  4. Approved forms can be sent to the Human Resources Department.