# ORCUTT UNION SCHOOL DISTRICT

## CLASSIFIED OVERTIME SHEET

**FOR THE MONTH OF _____20 _____**

**NAME:_____** **POSITION:_____**

**SIGNATURE:_____** **SITE:_____**

The CSEA contract states in 13.12.2 that "compensatory time shall be taken at a time mutually acceptable to the employee in the bargaining unit and the District within twelve (12) months of the date on which it was earned."

**SUPERVISOR APPROVAL:_____** **TOTAL HOURS WORKED:_____**

| DATE | HRS/MIN WORKED | COMP. | PAY | REASON FOR OVERTIME | BUDGET | *APP. |
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**** Supervisor's daily pre-approval initials.***