



**Bloom-Carroll Local School District  
APPLICATION FOR PAY  
OVERTIME / EXTRA TIME SHEET  
REGULAR / CONTRACTED EMPLOYEE**

Return completed form to the Payroll Office by the 1<sup>st</sup> and 15<sup>th</sup> of each month. Contact Caprice Dicken at 614-834-6704 with any questions.

|           |       |
|-----------|-------|
| Name      |       |
| Address   |       |
| Telephone | Email |

**PLEASE CHECK ALL THAT APPLY:**

- |             |                |           |           |
|-------------|----------------|-----------|-----------|
| COOK        | BUS DRIVER     | CUSTODIAN | DETENTION |
| MAINTENANCE | AIDE           | SECRETARY | TEACHER   |
| OTHER       | Describe _____ |           |           |

| DATE (MM/DD/YYYY)                 | START TIME | END TIME | TOTAL HOURS<br>(enter as decimal, not fraction) | EXPLANATION |
|-----------------------------------|------------|----------|---|-------------|
|                                   |            |          |   |             |
|                                   |            |          |   |             |
|                                   |            |          |   |             |
|                                   |            |          |   |             |
|                                   |            |          |   |             |
|                                   |            |          |   |             |
|                                   |            |          |   |             |
|                                   |            |          |   |             |
|                                   |            |          |   |             |
|                                   |            |          |   |             |
| <b>TOTAL HOURS FOR PAY PERIOD</b> |            |          |   |             |

|                    |                      |
|--------------------|----------------------|
| Employee Signature | Supervisor Signature |
|--------------------|----------------------|