



**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 Cheryl Haile at 614-834-6711 or cheryl.haile@bloomcarroll.org 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 (enter as decimal, not fraction)	EXPLANATION
<b>TOTAL HOURS FOR PAY PERIOD</b>				

Employee Signature	Supervisor Signature
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