



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

Return completed form (signed by your supervisor) to the Payroll Office by the 1<sup>st</sup> and 15<sup>th</sup> of each month.  
 Contact Cheryl Haile at 740-756-9728 or cheryl.haile@bloomcarroll.org with any questions.

Name	
Address	
Telephone	Email

**PLEASE CHECK ALL THAT APPLY:**

- |  |                                     |                                    |                                    |
|--|-------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> COOK                    | <input type="checkbox"/> BUS DRIVER | <input type="checkbox"/> CUSTODIAN | <input type="checkbox"/> DETENTION |
| <input type="checkbox"/> MAINTENANCE             | <input type="checkbox"/> AIDE       | <input type="checkbox"/> SECRETARY | <input type="checkbox"/> TEACHER   |
| <input type="checkbox"/> OTHER (DESCRIBE): _____ |                                     |                                    |                                    |

DATE (MM/DD/YYYY)	START TIME	END TIME	TOTAL HOURS	EXPLANATION
TOTAL HOURS FOR PAY PERIOD				← Please calculate your hours

Employee Signature	Date	Supervisor Signature	Date
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