

**RICHLAND COUNTY SCHOOL DISTRICT ONE
ADDITIONAL PAY or OVERTIME REPORT FORM**

Additional Pay Overtime Pay

Pay Period Date: _____

THIS IS AN INDIVIDUAL EMPLOYEE TIMESHEET. TIMESHEET MUST HAVE SPECIFIC DATES WITH TIME IN/OUT LISTED PER LINE.

| | | | A | B | C | D | | E |
|---|------|-----|---|---|--------------------------|--|---------------------------------|-----------|
| ENTER EMPLOYEE NAME AND SOCIAL SECURITY NUMBER IN THIS BOX: Name: _____ SS#: _____ Employee #: _____ | | | IF APPLICABLE, SHOW 2.5 HOURS OF ZERO PAY FOR EACH WEEK | # HOURS OR DAYS IN EXCESS OF CONTRACT TO BE PAID AT COLUMN "C" RATE | RATE FOR COLUMN "B" TIME | HOURS PHYSICALLY PRESENT OVER 40 PER WEEK (OVERTIME) | OVERTIME RATE (COLUMN "D" TIME) | TOTAL DUE |
| DATE | TIME | | | | | | | |
| | In | Out | | | | | | |
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| TOTALS: | | | | | | | | |

Understand that a willful statement or misrepresentation of the information supplied on this form which results in the collection of money that is not due is punishable under South Carolina law.

Reason for Pay and/or Position: _____

Employee's Signature: _____ DATE: _____

Immediate Supervisor's Signature: _____ DATE: _____

Administrator's Signature (if applicable): _____ DATE: _____

Account Code: _____