

ANGLOPHONE WEST SCHOOL DISTRICT OVERTIME CLAIM FORM - SUPPORT STAFF

Fredericton Payroll Fax #453-7925 Oromocto Payroll Fax #357-4012 Woodstock Payroll Fax #325-4898

When completing this timesheet, please only identify overtime work.

S.I.N.:

NAME:

SCHOOL:

DATE	TIME		TOTAL HOURS	REASONS
DD/MM/YY	From	To		

DATE: _____ Signature of Employee

DATE: _____ Signature of Supervisor/Principal

DATE: _____ District Office Approval

District Office Use:

Pay Date: _____