ADELANTO SCHOOL DISTRICT
CLASSIFIED SUBSTITUTE OVERTIME

NAME: _____

LAST 4 DIGITS OF SSN: _____

SCHOOL SITE: PAY PERIOD DATES:

DATE	JOB DESCRIPTION/ SUBSTITUTED FOR:	REASON	JOB #	BUDGET	TOTAL HOURS
				A. TOTAL REG. HOURS:	
				B. OVERTME HOURS:	
				C. LINE "B" x 1.5:	
				D: "A" - "B" + "C":	

FUNDING:	**HOURS/DAYS WORKED @ $_____**	**AMOUNT:**
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FUNDING:	**HOURS/DAYS WORKED @ $_____**	**AMOUNT:**

EMPLOYEE'S SIGNATURE:	**DATE:**
SIGNATURE OF ADMINISTRATOR:	**DATE:**
SIGNATURE OF DISTRICT ADMINISTRATOR:	**DATE:**

REV 12/16/2020 (JO)