

**DISTRICT SCHOOL BOARD OF SUMTER COUNTY
EXTRA WORK PAY VOUCHER**

FB-009

revised
12/20

Section I.

Name of Employee: _____ Date _____

Employee #: _____ Work Center: _____

Reason for extra work: _____

Principal or Center Administrator Signature _____

Employee Signature _____

By signing and submitting this extra pay I certify that I have carefully reviewed this timesheet and that the hours reported on this time sheet, including all dates, start and stop times, extra work, work locations and comments, are accurate.

How to Pay Employee: _____
FUND/ FUNC/ OBJ / CENTER/ PROJECT

Project Manager Signature: _____

Section II.

Date Worked	Beginning Time	Ending Time	Total Hours Above Contract	Total overtime hours worked	Description /Substitute/ Work Order #

Total hours worked _____

Section III. completed by payroll

Total Regular Hours Worked _____ X Regular hourly rate _____ = \$ _____

Total Overtime Hours Worked _____ X Overtime hourly rate _____ = \$ _____

NOTE: Under Federal Wage and Hour Law , non-exempt employees must be paid time and 1/2 the regular rate if a 40 hour week is exceeded. (work week defined: From 12:01 AM Sunday to 12:00 Midnight Saturday)

PLEASE FORWARD TO COUNTY OFFICE WHEN COMPLETE.