SCHOOL DISTRICT OF ST. LUCIE COUNTY
AUTHORIZED OVERTIME PAYROLL REPORT

EMPLOYEE NAME:_____

*SOCIAL SECURITY NUMBER:_____-_____-_____

SCHOOL OR DEPARTMENT:_____

DATE	REASON FOR OVERTIME	HOURS WORKED
	TOTAL O.T. HOURS WORKED THIS PAYROLL	

_____ _____

Signature of person authorizing overtime Administrative Approval

*** Social security numbers are collected, and will only be used, in order to conduct background checks, and, once hired, to process payroll/personnel action, employment benefits, and retirement benefits.**

WHITE: Attach to payroll report
YELLOW: Retain at school/department
PINK: Employee copy

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