LIMESTONE DISTRICT SCHOOL BOARD
OVERTIME ACCOUNT FORM
Weekly Timesheet
(For Permanent Employees)

FORM MUST BE DOWNLOADED

One Week Pay Period: From _____ To _____
Sunday Saturday

Full Name: _____ ID # _____

Location: _____

	Date	From	To	From	To	Hours	Location/Department	Reason for Overtime
Sun								
Mon								
Tue								
Wed								
Thur								
Fri								
Sat								
					TOTAL HOURS	0.00		

_____

_____
Employee Signature

Code _____Units _____Rate _____

Code _____Units _____Rate _____

_____

Approved: Manager/Principal

_____

Budget Account Code

PAY DATE: _____

Revised September 2026