



# SWARTZ CREEK COMMUNITY SCHOOLS EXTRA HOURS FORM

Employees are required to complete this form for extra hours earned.

Employee Name (please print): \_\_\_\_\_

Employee # (required, same as EmployeeWeb): \_\_\_\_\_ Bldg/Dept & Position: \_\_\_\_\_

REASON FOR EXTRA HOURS	TOTAL HOURS	DATE(S) OF EXTRA HOURS EARNED (include reason for extra hours)
COMP HOURS EARNED (load accrual bank)		
COMP HOURS EARNED (to be paid) (ELEM TEACHERS ONLY)		
FLEX HOURS EARNED (Sch Yr Admin Only)		
OVERTIME HOURS EARNED (to be paid)		
SNOW HOURS EARNED <i>STRAIGHT PAY or COMP TIME (circle one)</i>		
OTHER:		

---

**SIGNATURE (required)**

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Director approval signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Complete, print, & email this form to Kristy Mohr after approved/signed by your supervisor. Keep a copy for your records.**