

**SUPPLEMENTAL AND OVERTIME REPORT FORM**

Pay Period Date: \_\_\_\_\_

A	B	C	D	E	F
ENTER EMPLOYEE NAME AND SOCIAL SECURITY NUMBER IN THIS BOX	# HOURS OR DAYS IN EXCESS OF CONTRACT TO BE PAID AT COLUMN "C" RATE	RATE FOR COLUMN "B" TIME	HOURS PHYSICALLY PRESENT OVER 40 PER WEEK (OVERTIME)	OVERTIME RATE (Column "D" time)	TOTAL DUE
ENTER DATES WORKED:					
<b>TOTALS:</b>					

I understand that a willful statement or misrepresentation of the information supplied on this form which results in the collection of money that is not due is punishable by South Carolina law.

Reason for Supplemental Time: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director/Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Code: \_\_\_\_\_