

OVERTIME SPREADSHEET/TIMESHEET

DATE _____

AGENCY NAME _____

CONTRACT # _____

EMPLOYEE	DATE WORKED	GTSB TIME WORKED		# OF HOURS WORKED	OT RATE OF PAY	DATE CHECK ISSUED	TOTAL REIMBURSEMENT	GTSB USE ONLY	
		FROM	TO					PA	FM
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
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							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
							\$0.00		
TOTAL				0			TOTAL	\$0.00	

- REQUIRED ATTACHMENTS:**
- ➔ SIGNED HSP 2
 - ➔ THIS SIGNED SPREADSHEET
 - ➔ COPY OF PROOF OF PAYMENT

Signature	Date
Must be signed by Supervisor, Chief or Sheriff	

IMPORTANT:
ALL COLUMNS MUST BE COMPLETED
IF NOT COMPLETE, THIS FORM WILL BE RETURNED