

Pay Period — thru

GHRs Overtime and Additional Compensation Report — Request for Payment

Anne Arundel County Public Schools Work Location Number:

PAYROLL USE ONLY

	Social Security Number	Last Name	First Name	M. I.	Event Date	Pay Code	Units / Amount	Budget Account Number	Overtime Hours at		
									Each Rate		
									1	1.5	2
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

Reason for Overtime and Additional Compensation

1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

Requested By:	SIGNATURE	TITLE	DATE
Approved By:	SIGNATURE	TITLE	DATE
Assistant Superintendent / Designee:	SIGNATURE		DATE