CUSTODIAN-MAINTENANCE OVERTIME ACTIVIES IN BUILDING

REPORT FOR TIME PERIOD _____ **SCHOOL NAME** _____

Empl ID No.	EMPLOYEE NAME	Date Worked	Purpose/Organization	Times Worked (include a.m. or p.m.)	ST, T 1/2 or DT	Number of Hours	RC/RB*	
			*RC=Rental fees/custodial overtime cost (when appropiate) collected and deposited by building principal *RB=Rental fees/custodial overtime cost (when appropriate) to be billed by central office. Billing information attached.		Total no. of hours for this time period=	0		

_____
DIRECTOR OF FACILITIES

_____ DATE

_____
PRINCIPAL AND/OR COORD OF FACILITIES SERVICES

_____ DATE