

# FAIRFIELD BOARD OF EDUCATION

DATE: \_\_\_\_\_



EMPLOYEE: \_\_\_\_\_

MONTH: \_\_\_\_\_

## CUSTODIAN OVERTIME REPORT

DATES WORKED	REASON	TIME IN	TIME OUT		NUMBER OF HOURS	
<b>HOURLY RATE:</b> _____					<b>TOTAL HOURS:</b>	

**CLAIMANT'S SIGNED DECLARATION**

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

**Signature of Claimant:** \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_