

8.2.1F1 – FLSA DOCUMENTATION FORM

Please complete the information below and return to the District office.

Employee Name _____

Job Assignment _____

Length of Paid Work Day: _____ hrs.

Daily Work Schedule:

MORNING: from _____ a.m./p.m. to _____ a.m./p.m.

UNPAID LUNCH: 30 MINS from _____ a.m./p.m. to _____ a.m./p.m.

AFTERNOON: from _____ a.m./p.m. to _____ a.m./p.m.

Two 15-minute paid breaks: _____ a.m. to _____ a.m. and _____ p.m. to _____ p.m.

Following is the name of the employee supervisor:

- Teacher Aides/Technicians Building Principal
- Bookkeepers Building Principal
- Special Education Staff Special Education Supervisor
- Food Service Worker Building Principal or Child Nutrition Director
- Secretaries Building Principal
- Receptionists Building Principal
- Custodians Building Principal
- Bus Drivers Transportation Director/Assistant Superintendent
- Transportation Staff Transportation Director/Assistant Superintendent
- Maintenance Workers Maintenance Supervisor/Assistant Superintendent
- District Clerical Staff Deputy Superintendent
- Technology Staff Director of Technology
- Non-Teaching Staff Building Principal
- Physical Plant Services Facilities Director

This is to certify that the employee understands the information contained in District policy on *Overtime, Leave of Absence, and Compensatory Pay for Employees Subject to the Fair Labor Standards Act*, as well as information contained on the employee contract and the classified salary schedule.

Employee Signature: _____ Date: _____

Principal/Supervisor Signature: _____