



Kentucky Transportation Cabinet  
 Division of Highway Safety Programs

TC 35-14  
 10/2011

OVERTIME WORKSHEET

Note: benefits calculation rate (%) must be entered manually

www.highwaysafety.ky.gov PH: (502)564-1438

Grant Name: Highway Safety Grant Number: M5-21-31  
 Agency Name: Date: Claim #:

Officer Name	Hours Worked	OT Hourly Rate	Gross Pay	Employer Pd Benefits (Opt)			Officer Total
				FICA(%)	RET(%)	W.COMP(%)	
				0.00%	0.00%	0.00%	
<b>Totals</b>							

SIGNED HARD COPY MUST BE SUBMITTED

Fiscal Officer's Name: (please print)

Fiscal Officer's Signature: