

**OVERTIME REIMBURSEMENT**  
**OFFICE OF CHILD NUTRITION**  
**DIVISION OF PURCHASING AND FOOD DISTRIBUTION**

Overtime can only be claimed for time worked after 2:30 p.m. due to late trucks. Overtime information should be submitted to the Office of Child Nutrition, Division of Purchasing and Food Distribution (address below).

Organization: \_\_\_\_\_

Distributor: \_\_\_\_\_

Date: \_\_\_\_\_ (mm/dd/yyyy)

Instructions: Complete a separate line for each employee. The *Total Overtime Hourly Rate*, *Total Reimb.*, and *Total Amount Due to the District* calculates automatically. **(ENTER PARTIAL HOURS WORKED AS FOLLOWS: 15 minutes = .25, 30 minutes = .50, 45 minutes = .75, e.g. if the staff member worked from 2:30 pm to 3:45 pm, Overtime Hours Worked would be 1.25 hours)**

Site/School Name	Truck Arrive	Truck Depart	Staff Member	Hourly Rate	Benefits (overtime hourly rate*) +	Total overtime hourly rate =	Overtime Hours Worked X	Total Reimb. =

\* (e.g. \$17.00 hourly rate + \$3.72 benefits/hour = \$20.72/hour X 2 hours worked = \$41.44 total reimbursement)

Return completed form via email to  
 swpp@mdek12.org or mail the printed form to:

MS Department of Education  
 Office of Child Nutrition  
**Attn: Steven Webb, Director**  
 Division of Purchasing and Food Distribution  
 P.O. Box 771  
 Jackson, MS 39205-0771

Total amount due to district: \$ \_\_\_\_\_

**TERMS OF ACCEPTANCE AND SIGNATURE**  
 I, the undersigned, attest to the truthfulness of  
 the information provided in this form.

\_\_\_\_\_  
 Signature of Foodservice Administrator

\_\_\_\_\_  
 Date (mm/dd/yyyy)