

**MALDEN PUBLIC SCHOOLS
HALL RENTAL or OVERTIME SLIP**

Hall Rental Slip

Overtime Slip

School: _____

Function Name: _____

Location: _____

Date: _____

Custodial Services From:

_____ **A.M.**

_____ **A.M.**

_____ **P.M.**

_____ **P.M.**

Office Use Only (Custodian please do not fill in below):
Hourly Rate: \$ _____
Total Hours: _____
Total Fee: \$ _____
School Business Office Approval: _____

Total Number of Hours _____

Custodian on Duty

Principal

Superintendent

Custodians keep one copy for your files. Please send original signed copy to the Business Office for approval.