

STAFF OVERTIME

PERIOD COVERED _____ to _____

DEPARTMENT _____ ACCT # _____
(8 digits)

		FOR HUMAN RESOURCES USE			
LAST NAME, FIRST NAME (please alphabetize)	S.S. #	HOURS	1	1 1/2	2
TOTALS					

I hereby certify that the above is a true statement of the overtime hours worked by each employee.

Signature of Supervisor

Date

If more than one sheet is submitted, a signature must appear on each sheet.

INSTRUCTIONS:

Please type or print legibly.
 Submit to Human Resources (Levermore 203) with the attendance record.

Fractional parts of the hour are to be indicated as follows:
 15 minutes = .25; 30 minutes = .50; 45 minutes = .75