

# REPORT OF OVERTIME WORKED

◆ Classified Employees ◆

\_\_\_\_\_  
(Employee I.D. #)

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

Payroll Period: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

From _____ to _____ on _____ = _____ hours	From _____ to _____ on _____ = _____ hours
(hour) (hour) (date)	(hour) (hour) (date)
From _____ to _____ on _____ = _____ hours	From _____ to _____ on _____ = _____ hours
(hour) (hour) (date)	(hour) (hour) (date)
From _____ to _____ on _____ = _____ hours	From _____ to _____ on _____ = _____ hours
(hour) (hour) (date)	(hour) (hour) (date)
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(hour) (hour) (date)	(hour) (hour) (date)
From _____ to _____ on _____ = _____ hours	From _____ to _____ on _____ = _____ hours
(hour) (hour) (date)	(hour) (hour) (date)

Employee Preference:  Cash Payment  Compensatory Time Earned Total Hours: \_\_\_\_\_

Reason for working overtime: \_\_\_\_\_

Account/Event/Department to be charged \_\_\_\_\_ (If other than regular work area.)

Supervisor's Approval \_\_\_\_\_ Date \_\_\_\_\_

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