CLASSIFIED MONTHLY REPORT OF OVERTIME/EXTRA HOURS

***Select Employee regular schedule**

M-F (8 hr days)
Tu-Sat (8 hr days)
M-Th (10 hr days)
Other (MUST write in below!)

Days of week: _____
Hours per day: _____

Employee Name: _____

Pay Period Month & Year: _____

Banner ID: _____

***Please note, all overtime and extra hours should be pre-approved by the supervisor prior to the hours being worked.

Time Code	Date	Hours	Special Funding (optional, enter account string)

Overtime: Hours over 8 hours per day or 40 per week

Extra Hours: Hours above regularly scheduled hours but do not qualify as overtime

Comp Time Earned: Overtime hours elected to be accrued as comp time to use at a later date

Employee: _____ Date: _____

Department Supervisor: _____ Date: _____

Employees - please complete this form and email to your supervisor.

Supervisors - please forward to payroll@cuesta.edu with your approval by the payroll deadline.

Payroll Use Only:

# Mos Worked	FTE %	REG Rate	HOL/PTO checked (reduce weekly hrs worked)	QOT Hours	Amt Paid	QOT Amt (Amt Paid / 3)
	%	$			$	$