CLASSIFIED MONTHLY REPORT OF OVERTIME/EXTRA HOURS

Complete ONLY when applicable

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

Leave Without Pay: Leave taken that will result in a reduction in pay

Employee: _____ Date: _____

Department Supervisor: _____ Date: _____

Employees - please complete this form and email to your supervisor. You may save as an attachment or email through Adobe by clicking the envelope icon in the upper right corner of Adobe, "send file by email", un-check the box to send as link to send as an attachment.

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