

CLASSIFIED MONTHLY REPORT OF OVERTIME/EXTRA HOURS

Complete ONLY when applicable

Employee Name:			Overtime & Comp Time only: Select Employee regular schedule
Pay Period Month & Year:			
Banner ID:			
***Please note, all overtime and e	xtra 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: Hourdon not qualify as o	rs above regularly scheduled hours but overtime
Comp Time Earned: Overtime haccrued as comp time to use at	ours elected to be a later date	Leave Without Pa reduction in pay	y: Leave taken that will result in a
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.