

CLASSIFIED MONTHLY REPORT OF OVERTIME/EXTRA HOURS

Complete ONLY when applicable

Overtime & Comp Time only: Select Employee regular schedule

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

Date: _____

Department Supervisor: ______

Employee: _____

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.