

FULL-TIME EMPLOYEE OVERTIME REPORT



Overtime Reports must be signed by employee and supervisor and all information must be completed before overtime will be processed. PRINT LEGIBLY. Please see Full Time Pay Calendar for submission deadlines. SUPERVISORS MUST SUBMIT OVERTIME REPORTS WITH FULL TIME LEAVE REPORTS TO PAYROLL/BUSINESS OFFICE IN ARMSTRONG BUILDING.

NAME (Print legibly) (Last) (First) EMPLOYEE ID (See paystub)

DEPARTMENT/SUPERVISOR FUND ORG CODE

POSITION CODE-SUFFIX (XX0000-00) JOB TITLE

WEEK BEGINNING: _____ ENDING: _____

(ST) STRAIGHT TIME = ADDITIONAL HOURS UP TO 40 HRS/WK
 (OT) OVERTIME = OVER 40 HRS/WK
 (DT) DOUBLE TIME = HOLIDAY HRS WORKED

	TIME IN	TIME OUT	EXCLUDE LUNCH	HOURS WORKED	ST/OT/DT
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
TOTAL HOURS:					

EMPLOYEE SIGNATURE DATE SUPERVISOR APPROVAL DATE

NOTE: Return this report to your immediate supervisor by the last work day of each work week. Attach Overtime Reports to Full Time Monthly Leave Report.