



## SUPERVISOR'S MONTHLY OVERTIME REPORT

\_\_\_\_\_ was authorized to work overtime on the dates indicated below. It is understood that all paid overtime must be approved in advance by the College President. A separate form must be completed for each employee.

DATE	TOTAL HOURS WORKED	TIME EARNED*	OVERTIME METHOD Please check one		JUSTIFICATION/BUDGET #
			COMP	PAY	
<b>TOTAL HRS</b>			* Auto-calculates time earned (total hours worked x 1.5). Time earned total hours will calculate when OT method is selected.		

In order to meet the payroll deadline for contract employees, this form must be submitted to the timekeeper no later than the last working day of each month.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S APPROVAL

\_\_\_\_\_  
DATE