

For Pay

Employee Name: _____
Last First

Month: _____ Year: _____

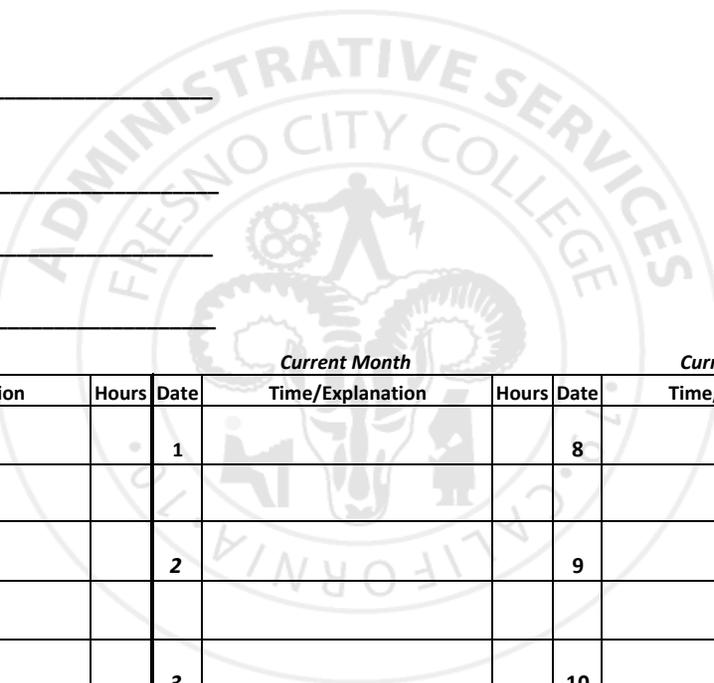
Budget Number: _____

Classification: _____

Employee ID# _____

Overtime Pay Rate _____

Total Amount Paid \$ _____



Prior Month			Prior Month			Current Month			Current Month			Current Month		
Date	Time/Explanation	Hours	Date	Time/Explanation	Hours	Date	Time/Explanation	Hours	Date	Time/Explanation	Hours	Date	Time/Explanation	Hours
22			29			1			8			15		
23			30			2			9			16		
24			31			3			10			17		
25				Examples:		4			11			18		
			# 1	7 - 8am; 5 - 6:15 pm	2.25									
26				Clean field house restrooms		5			12			19		
			# 2	5 - 9:30 pm	4.5									
27				Football practice		6			13			20		
			# 3	7 - 12 am	5									
28				Theatre Rehearsals		7			14			21		

WEEKLY HOURS _____

Please use BLACK or BLUE ink only. No whiteout please.

OVERTIME SHEETS ARE DUE TO THE ADMINISTRATIVE SERVICES TECHNICIAN ON THE 22ND OF EACH MONTH

GRAND TOTAL _____

Signature of Dean/Supervisor

Signature of Employee

Note: If the 22nd falls on a weekend/holiday, please forward the next business day.