

CLASSIFIED MONTHLY REPORT OF OVERTIME/EXTRA HOURS

*Select Employee regular schedule

Employee Name:				
Pay Period Month & Year:				
Banner ID:	Days of week:			
Danner 1D	Hours per day:			
***Please note, all overtime and e	xtra hours should be	pre-approved by th	e supervisor prior to the hours being worked.	
Time Code	Date	Hours	Special Funding (optional, enter account string)	
Overtime: Hours over 8 hours p week	er day or 40 per	Extra Hours: Ho but do not quali	Extra Hours: Hours above regularly scheduled hours but do not qualify as overtime	
Comp Time Earned: Overtime he be accrued as comp time to use	ours elected to at a later date			
Employee:			Date:	
Department Supervisor:			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.