

## STAFF OVERTIME

PERIOD COVERED \_\_\_\_\_ to \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ ACCT # \_\_\_\_\_  
(8 digits)

		FOR HUMAN RESOURCES USE			
LAST NAME, FIRST NAME (please alphabetize)	S.S. #	HOURS	1	1 1/2	2
<b>TOTALS</b>					

I hereby certify that the above is a true statement of the overtime hours worked by each employee.

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**

If more than one sheet is submitted, a signature must appear on each sheet.

**INSTRUCTIONS:**

Please type or print legibly.  
 Submit to Human Resources (Levermore 203) with the attendance record.

Fractional parts of the hour are to be indicated as follows:  
 15 minutes = .25; 30 minutes = .50; 45 minutes = .75