

Classified Overtime/ Supplemental Timesheet

From: _____ 21 _____ To: _____ 20 _____
Mo. Yr Mo. Yr

Due 5:00 p.m. on the 21st. – MUST include Sick, Vacation and Holiday hours.

Last Name First Name Middle Escape Employee ID

Time Worked Per Day Include – Sick, Vac and Holiday (Round to the nearest quarter hr)				Time Worked Per Day Include - Sick, Vac and Holiday (Round to the nearest quarter hr)			
Date	Day	Regular Scheduled Hours	Additional/ Extra Hours	Date	Day	Regular Scheduled Hours	Additional/ Extra Hours
21				6			
22				7			
23				8			
24				9			
25				10			
26				11			
27				12			
28				13			
29				14			
30				15			
31				16			
1				17			
2				18			
3				19			
4				20			
5				Total Hours			
Employee Signature: _____				<i>Hours and Rate For Payroll Use Only</i>			
Regular Work Schedule (Days & Time): _____				OT HRS @ _____ = _____ Premium HRS @ _____ = _____			
Budget Code: _____				Supervisor Signature: _____ Printed Name: _____			
Department: _____							
Position: _____							