



# TIME SHEET FOR OVERTIME/COMP TIME

ID: \_\_\_\_\_ NAME: \_\_\_\_\_

TIME SHEET DEPARTMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_

FACILITIES & THEATER EVENT: \_\_\_\_\_

CONTRACT NO.: \_\_\_\_\_

ENTER HOURS FOR OVERTIME OR COMP TIME ONLY:

								OFFICE USE ONLY	
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL	37.5 - 40	40+
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			
COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME	COMP TIME			

SUPERVISOR USE ONLY:

<b>TOTAL COMP TIME:</b>	<b>TOTAL OVERTIME:</b>
-------------------------	------------------------

EARNING: ONE-TIME OVERRIDE OF LABOR DIST	HOURS OR PERCENT	FUND	ORGN	ACCOUNT	PROGRAM	NOTES

I hereby certify that this time sheet correctly reflects all time worked by me during the pay period indicated.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**OVERTIME IN WHITE AREA / COMP TIME IN SHADED AREA.**