

**BUSINESS & FINANCIAL SERVICES
FULL-TIME CLASSIFIED PROFESSIONALS
OVERTIME/COMPENSATORY TIME REPORT**

Refer to payroll calendar for due dates

Name _____

Galaxy ID # _____

Position _____

Budget Code A _____

Budget Code B _____

Budget Code C _____

Dept. _____

For Period of Select Month 16th
Month

Through Select Month 15th
Month

PLEASE INDICATE OVERTIME HOURS YOU WISH TO BE PAID AND OVERTIME HOURS YOU WISH TO ACCUMULATE AS COMPENSATORY. LIST EXACT NUMBER OF HOURS WORKED AND PAYROLL WILL CALCULATE AT APPROPRIATE RATE. THE EMPLOYEE AND IMMEDIATE SUPERVISOR MUST INITIAL ALL CHANGES.

Date	O.T. Hrs.	COMP Hrs.	Budget A, B, C	Description Of Work
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Sub Total	0	0		

Date	O.T. Hrs.	COMP Hrs.	Budget A, B, C	Description Of Work
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total	0	0		

I certify this is a true and accurate record of hours worked for the above referenced position.

Employee Signature _____ Date _____

Authorized Approval Signature _____ Date _____

PAYROLL USE ONLY

Employee# _____

Job Code	Hours	Rate	Total
_____	_____	_____	0
_____	_____	_____	0
_____	_____	_____	0
Payroll # _____			