

Instructions: Please print using blue or black ink. Submit to Payroll Services, Building UPD, 0046.

EMPLOYEE NAME		EMPLOYEE ID NUMBER			DEPT. ID NUMBER	
DATE	TIME OF DAY*		HOURS FOR PAY	HOURS FOR CREDIT	CALL BACK HOURS**	REASON FOR OVERTIME
	FROM	TO				
TOTALS						
OVERTIME HOURS HAVE BEEN WORKED AS INDICATED ABOVE						
Employee's Signature	Date	Supervisor's Signature	Date	Signature for Authorization of Overtime Account	Date	

* Example of time format: 10:45 am
 ** For Call Back Hours, indicate Premium or Straight Pay