

**OVERTIME SHEET FOR EMPLOYEES ON BI-WEEKLY SALARY**

*Overtime must be pre-authorized by Department Budget Officer*

**Month** \_\_\_\_\_  
**Year** \_\_\_\_\_  
**Department** \_\_\_\_\_

**Name** \_\_\_\_\_  
**ID** \_\_\_\_\_

		STATE O/T HOURS ONLY		NUMBER OF HOURS			CERTIFIED CORRECT			
Centre	Date of Month	From Hour of	To Hour of	Straight Time Hours	Time and a Half Hours	Double Time Hours	Description of Work	Employee's Signature	Department Budget Manager	A/C distribution to be entered only if other than regular A/C distribution
	Sun									
	Mon									
	Tue									
	Wed									
	Thurs									
	Fri									
	Sat									

**APPROVED FOR PAYMENT:** \_\_\_\_\_  
 Associate Director, Human Resources

Please pay

Time off

<b>For Payroll Use</b>

**Use separate sheet for each week's overtime.**

The information on this form is collected under the authority of the Collective Agreements between the College and its bargaining units. The information provided will be used to process your overtime claim. If you have any questions about the collection and use of this information, please contact Department of Human Resources.