



## Overtime Pay Sheet

Employee Name: \_\_\_\_\_ Method of Reimbursement: \_\_\_\_\_  
Employee Number: \_\_\_\_\_ Payment \_\_\_\_\_ Time Off \_\_\_\_\_  
Classification: \_\_\_\_\_

Date Worked	Hours Worked (Straight Time)	Earning Code	Total (Overtime) Hours to be Paid/Banked	Earning Codes:
				09 - Overtime @1.0
				10 - Overtime @1.5
				11 - Overtime @ 2.0
				12 - Overtime @2.5
				15 - Call Back
				35 - Non-Pensionable
				50 - Night School
Reason for Overtime:				

Employee's Signature: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_  
If Journal Required FIS Coding: \_\_\_\_\_  
Classification: \_\_\_\_\_

Total Hours to be Paid: \_\_\_\_\_ Hourly Overtime Rate: \_\_\_\_\_ Amount Paid: \_\_\_\_\_  
Date Entered into HRIS: \_\_\_\_\_ Paid on Pay Period Ending: \_\_\_\_\_  
Previous Total on EELC2: \_\_\_\_\_ New Total: \_\_\_\_\_



## Overtime/Flex Time Record of Pre-Approved Hours

<b>Employee:</b> _____	<b>Employee #</b> _____	<b>Position:</b> _____
Date Requested Hours Will Be Earned: _____		
Time: _____	Total Hours for Reimbursement: _____	
Description: _____		
_____		
_____		
Employee Signature: _____ Date: _____		

<b><u>To be completed by supervisor</u></b>	
Approval of Hours: _____	Refusal of Hours: _____
Approval of Method or Reimbursement: _____ Refusal of Method of Reimbursement: _____	
Comments: _____	
_____	
_____	
Employee Signature: _____ Date: _____	

<b>Copy to HR for file</b>		
Entered into HRIS: _____	Date: _____	Signature: _____
Paid on Pay Period Ending (If Applicable) _____		