## Overtime Pay Sheet

**Employee Name:** ____________________________ **Method of Reimbursement:**

**Employee Number:** ____________________________ **Payment** ____________ **Time Off** ____________

**Classification:** ____________________________

<table>
<thead>
<tr>
<th>Date Worked</th>
<th>Hours Worked (Straight Time)</th>
<th>Earning Code</th>
<th>Total (Overtime) Hours to be Paid/Banked</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

_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:** ____________________________

**IfJournalRequiredFISCoding:** ____________________________

**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

Employee: ___________________________ Employee #: ___________________ Position: ________________________________

Date Requested Hours Will Be Earned: __________________

Time: ________________ Total Hours for Reimbursement: ________________

Description: ______________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Employee Signature: ___________________ Date: __________________

To be completed by supervisor

Approval of Hours: ________________ Refusal of Hours: ________________

Approval of Method or Reimbursement: ________________ Refusal of Method of Reimbursement: ________________

Comments: ______________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Employee Signature: ___________________ Date: __________________

Copy to HR for file

Entered into HRIS: ________________ Date: ________________ Signature: ________________________________

Paid on Pay Period Ending (If Applicable) __________________________________________________________________________________________

Any document appearing in paper form is uncontrolled and must be compared to the electronic version.