

COMP TIME AND OVERTIME REPORT (Classified)
Peralta Community College District

Month: 11/16/15- 12/15/16

Last Name:	0
First Name:	0

Employee ID #:	0
Location:	0

Day	Date	Comp time Hours		Overtime Hours	Comments
		Worked	Used		
MON	16				
TUE	17				
WED	18				
THU	19				
FRI	20				
SAT	21				
SUN	22				
MON	23				
TUE	24				
WED	25				
THU	26				HOLIDAY CLOSURE
FRI	27				HOLIDAY CLOSURE
SAT	28				
SUN	29				
MON	30				
TUE	1				
WED	2				
THU	3				
FRI	4				
SAT	5				
SUN	6				
MON	7				
TUE	8				
WED	9				
THU	10				
FRI	11				
SAT	12				
SUN	13				
MON	14				
TUE	15				
Total:		0.00	0.00	0.00	

Calc @ 1.5

MUST INCLUDE ACCOUNT CODE AND ADMINISTRATIVE APPROVAL

Location	Fund	Cost Center	Object	Prog.	Activity	Spec. Proj.	Ln. Cont.
0	00	000	0000	0	000000	0000	00

I CERTIFY THAT THIS IS A TRUE STATEMENT OF AUTHORIZED COMP TIME AND OVERTIME.

SAMPLE

Employee's Signature _____ Date _____

Manager's Signature _____ Date _____

Date	Comp Time Hours		Comment:
	Worked	Used	
1	1.5		
2			
3			
4		3	

- Original Copy to Payroll
- Make Copies For Employee and Manager