

MONTHLY OVERTIME PAYROLL FORM

Organization	0	Program	Campus Code	Fund	Account
			01		61220

PERIOD FROM: _____

PERIOD TO: _____

SUPERVISOR'S SIGNATURE: _____

	STRAIGHT-TIME HOURS WORKED		OVER-TIME HOURS WORKED	TOTAL OVER-TIME HOURS	HOURLY RATE	GROSS PAY
POS#				1.5 x _____		
EMP NAME						
BANNER ID #						
POS#				1.5 x _____		
EMP NAME						
BANNER ID #						
POS#				1.5 x _____		
EMP NAME						
BANNER ID #						
POS#				1.5 x _____		
EMP NAME						
BANNER ID #						
POS#				1.5 x _____		
EMP NAME						
BANNER ID #						
POS#				1.5 x _____		
EMP NAME						
BANNER ID #						
POS#				1.5 x _____		
EMP NAME						
BANNER ID #						
POS#				1.5 x _____		
EMP NAME						
BANNER ID #						
POS#				1.5 x _____		
EMP NAME						
BANNER ID #						