COLLEGE OF
Eastern Utah

DEPARTMENT RECORD OF OVERTIME EARNED, COMPENSTORY TIME USED AND/OR PAYMENT FOR OVERTIME

Employee: _____ Department: _____

Job Title: _____ Fiscal Year: _____

Overtime Accrual				**Compensatory Time Usage**			**Overtime Payment**	
(A) Supervisor Initials Authorizing Overtime	(B) Date Overtime Hours Worked	(C) Overtime Worked (Above 40 hrs per week)	(D) Comp-Hours Earned (C) x 1.5	(E) Employee Initials (certifying usage)	(F) Date Comp Hours Used	(G) Number of Comp-Hours Used	(H) Date Time Sheet Submitted for Payment	(I) Number of Comp-Hours Paid
Total				**Total**			**Total**	

Original – Personnel File Supervisor - Pink Payroll - Yellow

Payroll Office – Revised 7/07