CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

EMPLOYEE OVERTIME/COMPENSATORY FORM

Pay Period End Date

W#   **Last Name, First Name**   **Division/Area**

Select One:

Straight Time ☐
Overtime ☐
Compensatory Time ☐

Instructions:
* If FOAP is same as home base, do not complete FOAP section
* Please group the same FOAPs together
* Comp time cannot have a FOAP entered

   * Enter hours <u>actually</u> worked. DO NOT convert your time - Payroll will calculate your earned hours

Day	Date	Hours Worked	Description	Fund	Org	Account	Program
		TOTAL HOURS FOR MONTH					

Employee Signature _____

For District Use Only

Supervisor Signature _____