## **CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT**

## EMPLOYEE OVERTIME/COMPENSATORY FORM

		Pay Period End Date										•	
W# Do no	ot use SSN		Last Name, First Name Division/Area										
Select One:		Provide Regular Work Schedule: (For Example 4/10 as 10 hours or 5/8 as 8 hours or 9/80 as 9 or 8 hours) - Enter Total Regular Hours Per Day (Provide two weeks for 9/80 schedule only)											
Straight Time Overtime			Sun		Monday	Tuesday	Wednesday Wednesday		Thursday		Friday Friday	Saturday	
Compensatory 1	ime		Sun	day	Monday								
				,		- acouay		Juay		July		Jacaraay	
			<u> </u>		Instruct	ions:	ļ			ļ			
	* If FOAP is san * Please group			o not complete FOAP section gether									
	* Comp Time c	<ul> <li>Comp Time cannot have a FOAP entered</li> <li>Please List Total Regular (not Overtime) Hours Worked for each day <u>above</u>, so Payroll can compensate you correctly</li> </ul>											
* Enter Overtime Hours <u>actually</u> worked below. DO NOT convert your time - Payroll will calculate your earned hours													
		Overtime/Comp Hours Worked					Fund (		Org	Account	Program		
				TOTAL HOURS FOR MONTH									
											For District U	se Only	
Employee Signature													
Supervisor Signa	ature												