

# RIVERSIDE COMMUNITY COLLEGE DISTRICT CLASSIFIED EMPLOYEES OVERTIME/ COMPENSATORY TIME REPORT

Due on the 16th of each month

Name \_\_\_\_\_

S.S.# \_\_\_\_\_

Position \_\_\_\_\_

Budget Code A \_\_\_\_\_

Dept. \_\_\_\_\_

Budget Code B \_\_\_\_\_

Budget Code C \_\_\_\_\_

For Period of \_\_\_\_\_ 16th  
Month

Through \_\_\_\_\_ 15th  
Month

PLEASE INDICATE OVERTIME HOURS YOU WISH TO BE PAID AND OVERTIME HOURS YOU WISH TO ACCUMULATE AS COMPENSATORY TIME.  
LIST EXACT NUMBER OF HOURS WORKED. PAYROLL WILL CALCULATE AT APPROPRIATE RATE.  
THE EMPLOYEE AND THE SUPERVISOR MUST INITIAL ALL CHANGES.

Date	O.T. Hrs	Comp Hrs	Budget A, B, C	Description of Work
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total				

Date	O.T. Hrs	Comp Hrs	Budget A, B, C	Description of Work
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total				

**NOTE:** All hours indicated as overtime will be paid at the end of the month. All hours indicated as compensatory will be posted to the employee's "Record of Compensatory Time" for future use as outlined in the contract.

I certify this is a true and accurate record of hours worked for the above referenced position.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Authorized Approval Signature

**PAYROLL USE ONLY**

Employee # \_\_\_\_\_

Job Code	Hours	Rate	Total
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_____	_____	_____	_____
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_____	_____	_____	_____
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Payroll # \_\_\_\_\_