

EXTRA TIME REPORTING FORM MUST BE TURNED IN EVERY WEEK



This form is to be completed by the employee and signed by employee, their supervisor and funding authority (if cost center is different). Invalid coding or lack of funding information and signatures may also delay payment. Forward original form to Payroll Services, MS 33-344.

Incomplete or inaccurate data may cause delays.

Forms received in the Payroll Dept. by the 15th of the month will be processed for the upcoming payroll. Timesheets received after the 15th will be processed for the following month.

EMPLOYEE NAME: _____ EMPLOYEE ID NUMBER: _____

WORK LOCATION: _____ JOB TITLE: _____

REASON: _____ ☐ Certificated ☐ Classified

Enter Attendance Type from second page. Please use one line per day.

ATTENDANCE TYPE	MM/DD/YY	TOTAL HOURS	HOURLY RATE		COST CENTER	NOTES
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

Total:

VERIFICATION OF TIME WORKED:

I verify that the above hours are accurate.

FUNDING/RATE AUTHORIZATION

Employee Signature

Date

Funding Authority Print and Sign

Date

Supervisor/Manager/Dept. Print and Sign

Date

Compensation Analyst Print and Sign

Date

ATTENDANCE TYPES

Classified Staff:

Use one or more of the following attendance types for reporting extra time:

Code

2202	Classified extra time (under 40 hours in a work week; 1.0)
2200	Classified overtime (extra time in excess of 40 hours in a week or 8 hours in a day; 1.5)
2206	Double time (Custodians; 2.0)
2207	Call back pay (Custodians; 1.0)
2222	Classified Negotiated Days (1.0; commitment item 3031)
2320	Classified Summer School (1.0)

Certificated Staff:

Use one or more of the following attendance types for reporting extra time:

Code

2210	Certificated Non-Per Diem extra time (pay rates set and published each year)
2220	Certificated Negotiated days (guaranteed by CBA; 1.0)
2230	Certificated home instruction (1.0)
2325	Certificated Summer School

INSTRUCTIONS

Employee Data (who to pay)

- | | |
|------------------------------|--|
| • Employee Name | List the employee's full name |
| • Employee ID Number | List the employee's identification number as shown on the pay stub |
| • Work Location | The school, program or building where the employee worked |
| • Job title | the position of the employee |
| • Reason | Explain why the overtime was worked |
| • Certificated of Classified | Check the appropriate box |

Payroll Data (what to pay)

- | | |
|-------------------|--|
| • Attendance Type | See Attendance Type codes above |
| • MM/DD/YY | Enter the month, day, and calendar year |
| • Total Hours | Enter the total extra time hours worked |
| • Hourly Rate | Fill in appropriate rate or call your Human Resources team |

Budget Coding (where to charge the expense, refer to your budget & accounting reports)

- | | |
|-------------------|-----------|
| • Cost Center | 10 digits |
| • Commitment Item | 4 digits |

Authorization to Pay (printed names and signatures required for payment)

- | | |
|----------------------------|--|
| • Employee Signature | Employee to sign and date the form |
| • Supervisor Signature | Supervisor to authorize, sign and date the form |
| • Funding Authority (only) | Owner of the cost center paying for the time to authorize, sign, and date the form if different from Supervisor Signature) |
| • Compensation Analyst | Compensation Analyst to authorize, sign and date the form (only if hourly rate override requires authorization) |