**SIR SANDFORD FLEMING COLLEGE** 

 **OVERTIME PAYMENT FORM**

**EMPLOYEE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMPLOYEE # \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**ACCOUNT CODE: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ HOME DEPARTMENT CODE: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**OVERTIME SHEET FOR FULL-TIME EMPLOYEES USE ONLY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day Month****(i.e. 06 Jan)** | **Day of Week****(i.e. Sunday)** | **Actual No. of Overtime Hours** | **Purpose of Overtime** | **Department Code****If different from above****(6 digits)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**EMPLOYEE'S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_DATE:**

**SUPERVISOR'S SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_DATE:**

**PAYROLL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* All overtime should be reported to Payroll with proper authorizations within 3 working days of the conclusion of each pay period.**