

CHABOT LAS POSITAS COMMUNITY COLLEGE DISTRICT

EMPLOYEE OVERTIME/COMPENSATORY/PREMIUM PAY TIME FORM

First Name

Last Name

Fund

Org

Account

Program

Fund

Org

Account

Program

W# Do not use SSN

Division or Area

Enter hours actually worked - Do Not convert your time -
Payroll will calculate your earned Hours

Week Ending: _____

Straight

Overtime

Description: _____

**Compensatory
Time**

Description: _____

DAY	DATE	HOURS WORKED
MON		
TUES		
WED		
THURS		
FRI		
TOTAL:		

SAT		
SUN		
TOTAL:		

For District Use Only

Employees Signature

Supervisor Signature

First Name

Last Name

Fund

Org

Account

Program

Fund

Org

Account

Program

W# Do not use SSN

Division or Area

Enter hours actually worked - Do Not convert your time -
Payroll will calculate your earned Hours

Week Ending: _____

***Only for SEIU Classified Employees**

COVID19 - Compensatory Time

COVID19 - Pay

DAY	DATE	HOURS WORKED
MON		
TUES		
WED		
THURS		
FRI		
TOTAL:		

SAT		
SUN		
TOTAL:		

For District Use Only

Employees Signature

Supervisor Signature