

**CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT  
EMPLOYEE OVERTIME TIME TICKET**

Fund	Org	Account	Program
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SSN or W# \_\_\_\_\_

Last Name \_\_\_\_\_

First \_\_\_\_\_

Week Ending: \_\_\_\_\_

Division or Area \_\_\_\_\_

Straight

Overtime. Description: \_\_\_\_\_

Compensatory Time.  
Description: \_\_\_\_\_

DAY	DATE	HOURS WORKED
MON		
TUES		
WED		
THURS		
FRI		
TOTAL:		

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

Signature of Supervisor \_\_\_\_\_

SAT		
SUN		
TOTAL:		

<b>FOR DISTRICT OFFICE USE ONLY</b>	
<b>CODE</b>	<b>HOURS</b>

**TOTAL OVERTIME:**