



HEO Series Overtime/Compensatory Time Timesheet

Exempt Non-Exempt

| | | | |
|----------|--|------------|--|
| Name | | Title | |
| Phone # | | Department | |
| Location | | Supervisor | |

| Week of: | | Working Times | | | | Hours Worked | Leave Hours | | | Total Hours |
|--------------------|------|---------------|-----------|----------|----------|--------------|-------------|--------------|-------------|-------------|
| Day | Date | Start Time | Lunch Out | Lunch In | End Time | | Sick Leave | Annual Leave | Other Leave | |
| Sun | | | | | | | | | | |
| Mon | | | | | | | | | | |
| Tue | | | | | | | | | | |
| Wed | | | | | | | | | | |
| Thu | | | | | | | | | | |
| Fri | | | | | | | | | | |
| Sat | | | | | | | | | | |
| Total for the Week | | | | | | | | | | |

Reason for overtime: _____

| | |
|----------------------------|-------------|
| Signatures | |
| Employee: | Date: _____ |
| Supervisor: | Date: _____ |
| Department Chair/Director: | Date: _____ |
| Dean (if applicable): | Date: _____ |
| Vice President: | Date: _____ |

For Payroll Office Use Only (this section only applicable for paid FLSA overtime)

Payroll Period: _____ to _____ Pay Date: _____

Overtime Rate: _____ Overtime Hours: _____ Total: _____