



San Francisco Community College District

Time Report – Classified Overtime

SFCCD – PAY311
5M – REV. 8/2/2006

NAME: _____ SSN: _____ DEPARTMENT/ _____
Last First M.I. CAMPUS

CLASSIFICATION: _____ No. _____ Title _____

PAY PERIOD # _____ FROM _____ TO _____

Time Reports not received at 33 Gough on or before the last day of the pay period will not be paid until the following pay period.

DAY OF THE WEEK	DATE OF SERVICE	TIME		NO. OF HOUR	OVERTIME REQUIRED FOR (REASON):
		From	To		
SAT.		am	am		
		pm	pm		
SUN.		am	am		
		pm	pm.		
MON.		am	am		
		pm	pm		
TUES.		am	am		
		pm	pm.		
WED.		am	am		
		pm	pm		
THURS.		am	am		
		pm	pm.		
FRI.		am	am		
		pm	pm		
SAT.		am	am		
		pm	pm.		
SUN.		am	am		
		pm	pm		
MON.		am	am		
		pm	pm.		
TUES.		am	am		
		pm	pm		
WED.		am	am		
		pm	pm.		
THURS.		am	am		
		pm	pm		
FRI.		am	am		
		pm	pm.		
*TOTAL HRS					

IMPORTANT: For payment to be made, the following FOAPAL section MUST be completed.

NO. OF HOURS	FOAPAL				
	Fund	Organization	Account	Program	Activity
			2380		
			2380		
	*TOTAL HRS.				

I hereby certify that I have performed the Assignment indicated above.

Signed: _____ Date Filed: _____ Phone: _____
(Employee)

Approved by: _____ Date: ____ / ____ / ____ Phone: _____
(Dean/Dept. Head/Program Supervisor)