



San Francisco Community College District

Classified Overtime Report

	Employee No: _____
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Last Name _____	First Name _____	
Payroll Org No.: _____	Classification: _____	Department: _____
Pay Period #: _____	From: _____	To: _____

Date	Day	Time From	Time To	No. Of Hrs	Reason For Overtime
	Sat	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Sun	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Mon	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Tues	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Wed	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Thurs	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Fri	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Sat	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Sun	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Mon	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Tues	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Wed	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Thurs	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
	Fri	am <input type="checkbox"/> pm <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>		
Total Hours					

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

No. of Hours	FOAPAL				
	Fund	Organization	Account	Program	Activity

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

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

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

*Overtime form not received at 33 Gough on or before the last day of the pay period will not be paid until the following pay period.
 * Submit all the overtimes in one form **ONLY** for each pay period.