



Print Form

Angelo State University Record of Overtime Worked

Employee Name: _____ CID: _____ Account Number: _____

Job Title: _____ Pay Period Beginning: _____

Department: _____ Pay Period Ending: _____

Record all time in hours and tenths (Six minutes is one tenth of an hour):

Week Beginning Mo/Day/Yr	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Overtime Hours For Week

Week Beginning Mo/Day/Yr	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Overtime Hours For Week

Week Beginning Mo/Day/Yr	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Overtime Hours For Week

Total Overtime Hours Worked: _____

Total Overtime Hours For Period

Approvals:

I certify that this is a correct account of my time worked during the stated time period.

I hereby certify that this time sheet is a true statement of the hours worked by the aforementioned individual.

Employee Signature

Date _____

Department/Administrative Head Signature

Date _____

Payroll Reviewed and applied:

Payroll Representative

Date _____