

To report extra hours worked for non-exempt employees, the Department and Employee will need to complete payroll form 500 (Authorization for Extra Hours) for and form 501(Report of Extra Hours Worked) and submit both forms to their Payroll Analyst the last day of the Pay Period.

FORM 500

Clear Print

San Francisco State University
AUTHORIZATION FOR EXTRA HOURS
 Payroll Form 500

Pay Period October 2017 Work Week Group Reg

exempt
 non-exempt

CHECK ALL THAT APPLY:

PREMIUM COMP TIME (1.5)
 STRAIGHT COMP TIME (1.0)
 PREMIUM OVERTIME (1.5) CASH PAYMENT
 STRAIGHT OVERTIME (1.0) CASH PAYMENT

OVERTIME PAYMENT TO BE CHARGED TO:

ACCOUNT NG 001 FUND 0000 DEPT ID 1000 PROJECT # _____
 AGENCY 255 UNIT 900 SERIAL 001
 NAME OF EMPLOYEE Joe Francisco POSITION # 255 900 1038 001
 UIN 800000000 agency, reporting unit, class & serial
 PEOPLESOFT POSITION # 0

YOU ARE HEREBY AUTHORIZED TO WORK OVERTIME IF REQUIRED, AS INDICATED BELOW:

PRE-AUTHORIZATION			TOTAL EXTRA HOURS ACTUALLY WORKED				
DATE	TIME OF DAY FROM	TO	# OF HOURS	PREMIUM COMPENSATORY TIME HOURS	STRAIGHT COMPENSATORY TIME HOURS	PREMIUM OVERTIME HOURS	STRAIGHT OVERTIME HOURS
10/13/17	8:00 am	12:00 pm	4.00		4.00		
10/14/17	8:00 am	5:00 pm	8.00		8.00		
				total	0.00	total	12.00
						total	0.00

Reason for Overtime: _____
 worked during Emergency Closure. Please indicate the reason for coming back to work. _____

Authorized by: _____ Date _____

CERTIFICATION OF OVERTIME WORKED

Overtime has been worked as indicated above: _____
 Employee Signature

Approved: _____
 Supervisor's Signature

Payroll form no. 500
 Revised 9/2005 85-530

Please make sure the upper portion is complete

Indicate the dates, number of hours worked.

Acquire appropriate signatures

FORM 501

Clear Print

San Francisco State University
REPORT OF EXTRA HOURS WORKED
 Payroll Form 501

Pay Period October 2017

Name Joe Francisco UIN 900-00-0000 Monthly Rate \$3000.00
 Agency 255 Unit 900 Class 1038 SER 001

OVERTIME HOURS ARE ALL OVER 40 HOURS OR HOURS IN EXCESS OF THE NORMAL WORK WEEK IN THE SEVEN DAY PERIOD FROM 12:01 AM SUNDAY - 12:00 MIDNIGHT SATURDAY FOR EMPLOYEES DETERMINED TO BE ELIGIBLE.

CODE	SUN	MON	TUE	WED	THUR	FRI	SAT
HOURS		8.00	8.00	8.00	8.00	8.00	

If less than full time base _____

CODE	SUN	MON	TUE	WED	THUR	FRI	SAT
HOURS		8.00	8.00	8.00	8.00	12.00	8.00

If less than full time base _____

CODE	SUN	MON	TUE	WED	THUR	FRI	SAT
HOURS		8.00	8.00	8.00	8.00	8.00	

If less than full time base _____

CODE	SUN	MON	TUE	WED	THUR	FRI	SAT
HOURS		8.00	8.00				

If less than full time base _____

CODE	SUN	MON	TUE	WED	THUR	FRI	SAT
HOURS		8.00					

If less than full time base _____

total hours reported _____
 less 40 required (reg. work wk hrs) _____
 Total hours work on campus closure _____
 prem. O.T. _____
 prem. C.T. _____
 straight O.T. _____
 straight C.T. _____

total hours reported _____
 less 40 required (reg. work wk hrs) _____
 hours work on campus closure _____
 prem. O.T. _____
 prem. C.T. _____
 straight O.T. _____
 straight C.T. _____

total hours reported _____
 less 40 required (reg. work wk hrs) _____
 (or normal work week hours) prem. O.T. _____
 O.T. _____
 prem. C.T. _____
 straight O.T. _____
 straight C.T. _____

total hours reported _____
 less 40 required (reg. work wk hrs) _____
 hours work on campus closure _____
 prem. O.T. _____
 prem. C.T. _____
 straight O.T. _____
 straight C.T. _____

total hours reported _____
 less 40 required (reg. work wk hrs) _____
 hours work on campus closure _____
 prem. O.T. _____
 prem. C.T. _____
 straight O.T. _____
 straight C.T. _____

total hours reported _____
 less 40 required (reg. work wk hrs) _____
 hours work on campus closure _____
 prem. O.T. _____
 prem. C.T. _____
 straight O.T. _____
 straight C.T. _____

CODE LEGEND: H-Holiday * W-Worked - S-Sick - V-Vacation - PH-Personal Holiday - FL-Federal Leave - M-Military Leave - J-Jury Duty - SW-Supervised Witness - IDL-Industrial Disability Leave - NDI-Non Industrial Disability Leave - L-Dock - A-Absent Without Leave --Regular Days Off

Payroll form no. 501
 Revised 10/2017 85-531

Please make sure the upper portion is complete

Indicate numbers of hours for the day(s) the employee worked.

i.e.: Joe's work schedule M-F 8 hrs/day & he came to work 4 hours on 10/13/17 & 8 hours on 10/14/17

	SUN	MON	TUE	WED	THUR	FRI	SAT
CODE		W	W	W	W	W4 & 8	W8
HOURS		8.00	8.00	8.00	8.00	12.00	8.00