

San Francisco State University
AUTHORIZATION FOR EXTRA HOURS
 Payroll Form 500

Pay Period _____ Work Week Group _____

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 _____ FUND _____ DEPT ID _____ PROJECT # _____

AGENCY _____ UNIT _____ SERIAL _____

NAME OF EMPLOYEE _____ POSITION # _____
agency, reporting unit, class & serial

UIN

PEOPLESOFT POSITION # _____

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

PRE-AUTHORIZATION				TOTAL EXTRA HOURS ACTUALLY WORKED			
DATE	TIME OF DAY		# OF HOURS	PREMIUM COMPENSATORY TIME HOURS	STRAIGHT COMPENSATORY TIME HOURS	PREMIUM OVERTIME HOURS	STRAIGHT OVERTIME HOURS
	FROM	TO					
Reason for Overtime:				total	total	total	total
Authorized by: _____				Department Head		Date _____	

CERTIFICATION OF OVERTIME WORKED

Overtime has been worked as indicated above: _____
Employee Signature

Approved: _____
Supervisor's Signature

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

Pay Period _____

Name _____ UIN _____ Monthly Rate _____

Agency _____ Unit _____ Class _____ SER _____

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.

	SUN	MON	TUE	WED	THR	FRI	SAT
CODE							
HOURS							

If less than full time base _____

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

	SUN	MON	TUE	WED	THR	FRI	SAT
CODE							
HOURS							

If less than full time base _____

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

	SUN	MON	TUE	WED	THR	FRI	SAT
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 (or normal work week hours) _____
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 straight O.T. _____
 straight C.T. _____

	SUN	MON	TUE	WED	THR	FRI	SAT
CODE							
HOURS							

If less than full time base _____

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

	SUN	MON	TUE	WED	THR	FRI	SAT
CODE							
HOURS							

If less than full time base _____

total hours reported _____
 less 40 required _____
 (or normal work week hours) _____
 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-Funeral Leave - M-Military Leave - J-Jury Duty - SW-Supoenaed Witness , IDL-Industrial Disability Leave - NDI-Non Industrial Disability Leave - L-Dock - A-Absent Without Leave - --Regular Days Off

Total Premium Overtime _____
 Total Premium Compensatory Time _____
 Total Straight Overtime _____
 Total Premium Compensatory Time _____