(A)   Reporting Period_____20____
Month

LOS RIOS COMMUNITY COLLEGE DISTRICT

OVERTIME TIME SHEET

(B)   Date and Hours Worked:

	Date	Hours
Sat.		
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Weekly Total		
Sat.		
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Weekly Total		
Sat.		
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Weekly Total		

	Date	Hours
Sat.		
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Weekly Total		
Sat.		
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Weekly Total		
Sat.		
Sun.		
Weekly Total		
Month Total		
Days Worked *		

(C)

☐ **Temporary Classified**

☐ **Student Help**

(D)   Work Location:

ARC ☐   DO ☐
CRC ☐   FM ☐
SCC ☐   SRPSTC ☐
FLC ☐   ETW ☐

(E)

Employee I.D. Number

(F)

Last Name -- PLEASE PRINT

_____
First Name   Middle Initial

(G)   This space to be completed by the _supervisor._

	ACCT	FD	ORG	PROG	SUB CLASS	PROJ./ GRANT	TIME	PAY RATE
Overtime 1-1/2 Time					00000			
					00000			
					00000			
					00000			
					00000			

(H)   I certify that this is a true statement of hours worked.

Employee_____   Date_____

Supervisor_____   Date_____

Admin. Officer _____   Date _____
                              Signature

Admin. Officer _____
                              Print Last Name

Instructions for completing time sheet are on back.

> **_Reporting period is the 25th of the month to the 24th of the following month. Do not include hours that have not already been worked._**

* Only include days not accounted for on another timesheet.

Form BS#69
Revised 02/14