

HOUSTON COMMUNITY COLLEGE SYSTEM

ALL NON-EXEMPT OVERTIME

NAME _____ PAY GROUP ID _____

SS# _____ PAY RUN ID _____

POSITION _____ DEPARTMENT _____
(e.g. DCA)

FROM _____ THRU _____

	TOTAL	MON	TUE	WED	THU	FRI	SAT	SUN
OVERTIME STRAIGHT								
OVERTIME 1 & 1/2								

	TOTAL	MON	TUE	WED	THU	FRI	SAT	SUN
OVERTIME STRAIGHT								
OVERTIME 1 & 1/2								

	TOTAL	MON	TUE	WED	THU	FRI	SAT	SUN
OVERTIME STRAIGHT								
OVERTIME 1 & 1/2								

	TOTAL
OVERTIME STRAIGHT	
OVERTIME 1 & 1/2	

I CERTIFY THAT THIS EMPLOYEE HAS EARNED THE AMOUNTS BEING PAID AS DESCRIBED ABOVE AND HAS PERFORMED THE WORK IN A SATISFACTORY MANNER

ENTERED BY	DATE

EMPLOYEE SIGNATURE DATE

SUPERVISOR SIGNATURE DATE