

REPORT OF OVERTIME WORKED

◆ Classified Employees ◆

(Employee I.D. #)

(Signature of Employee)

(Date)

Payroll Period: Beginning _____ Ending _____

From _____ to _____ on _____ = _____ hours	From _____ to _____ on _____ = _____ hours
(hour) (hour) (date)	(hour) (hour) (date)
From _____ to _____ on _____ = _____ hours	From _____ to _____ on _____ = _____ hours
(hour) (hour) (date)	(hour) (hour) (date)
From _____ to _____ on _____ = _____ hours	From _____ to _____ on _____ = _____ hours
(hour) (hour) (date)	(hour) (hour) (date)
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(hour) (hour) (date)	(hour) (hour) (date)
From _____ to _____ on _____ = _____ hours	From _____ to _____ on _____ = _____ hours
(hour) (hour) (date)	(hour) (hour) (date)

Employee Preference: Cash Payment Compensatory Time Earned Total Hours: _____

Reason for working overtime: _____

Account/Event/Department to be charged _____ (If other than regular work area.)

Supervisor's Approval _____ Date _____

*Minnesota State University Moorhead is an equal opportunity educator & employer and is a member of the Minnesota State Colleges & Universities System.
This information will be made available in alternate format, such as Braille, large print or audio cassette tape,
upon request by contacting Disability Services at 218.477.2652/V or 218.477.2047/TTY.*

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