



# RIVERSIDE COMMUNITY COLLEGE DISTRICT CLASSIFIED EMPLOYEES OVERTIME/ COMPENSATORY TIME REPORT

Due on the 16th of each month

Name \_\_\_\_\_

Position \_\_\_\_\_

Dept. \_\_\_\_\_

For Period of \_\_\_\_\_ 16th  
Month

Budget Code A \_\_\_\_\_

Budget Code B \_\_\_\_\_

Budget Code C \_\_\_\_\_

Through \_\_\_\_\_ 15th  
Month

PLEASE INDICATE OVERTIME HOURS YOU WISH TO BE PAID AND OVERTIME HOURS YOU WISH TO ACCUMULATE AS COMPENSATORY TIME.  
LIST EXACT NUMBER OF HOURS WORKED. PAYROLL WILL CALCULATE AT APPROPRIATE RATE.  
THE EMPLOYEE AND THE SUPERVISOR MUST INITIAL ALL CHANGES.

| Date         | O.T. Hrs | Comp Hrs | Budget A, B, C | Description of Work |
|--------------|----------|----------|----------------|---------------------|
| 16           |          |          |                |                     |
| 17           |          |          |                |                     |
| 18           |          |          |                |                     |
| 19           |          |          |                |                     |
| 20           |          |          |                |                     |
| 21           |          |          |                |                     |
| 22           |          |          |                |                     |
| 23           |          |          |                |                     |
| 24           |          |          |                |                     |
| 25           |          |          |                |                     |
| 26           |          |          |                |                     |
| 27           |          |          |                |                     |
| 28           |          |          |                |                     |
| 29           |          |          |                |                     |
| 30           |          |          |                |                     |
| 31           |          |          |                |                     |
| <b>Total</b> |          |          |                |                     |

| Date         | O.T. Hrs | Comp Hrs | Budget A, B, C | Description of Work |
|--------------|----------|----------|----------------|---------------------|
| 1            |          |          |                |                     |
| 2            |          |          |                |                     |
| 3            |          |          |                |                     |
| 4            |          |          |                |                     |
| 5            |          |          |                |                     |
| 6            |          |          |                |                     |
| 7            |          |          |                |                     |
| 8            |          |          |                |                     |
| 9            |          |          |                |                     |
| 10           |          |          |                |                     |
| 11           |          |          |                |                     |
| 12           |          |          |                |                     |
| 13           |          |          |                |                     |
| 14           |          |          |                |                     |
| 15           |          |          |                |                     |
|              |          |          |                |                     |
| <b>Total</b> |          |          |                |                     |

**NOTE:** All hours indicated as overtime will be paid at the end of the month. All hours indicated as compensatory will be posted to the employee's "Record of Compensatory Time" for future use as outlined in the contract.

I certify this is a true and accurate record of hours worked for the above referenced position.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Authorized Approval Signature

**PAYROLL USE ONLY**

Employee # \_\_\_\_\_

|          |       |      |       |
|----------|-------|------|-------|
| Job Code | Hours | Rate | Total |
|----------|-------|------|-------|

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payroll # \_\_\_\_\_