



Overtime Payroll Sheet

Employee Name:			Department:			Pay Period Ending:		
Date	From:	To:	Department to be Charged / Description of Overtime	OT Hrs	Core-CT Z-index to be charged	Shift Differential		
	Start Time	Finish Time				Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fri						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sat						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sun						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Mon						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Tues						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Wed						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Thurs						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fri						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sat						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Sun						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Mon						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Tues						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Wed						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Thurs						Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Total Hours:								

Department Head Signature _____ Print Name _____ Date _____

Department Head for Department to be Charged _____ Print Name _____ Date _____