HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
15959 East Gale Ave., City of Industry, CA 91716 -- Payroll Department – (626) 933-3871

OVERTIME TIMESHEET

EACH MONTH MUST BE ON SEPARATE TIMESHEETS!!

_____ _____ _____
PRINT NAME (LAST, FIRST) FULL SS# OR EID# **(Required)** MONTH-YEAR

_____
CLASSIFICATION

_____
WORK LOCATION

Overtime **MUST** be pre-approved through the CBO and/or Cabinet Member. Overtime approval form must be submitted.

Refer to Payroll Schedule for timesheet due date.
PLEASE USE APPROPRIATE LETTER BELOW:
A = ASB F = FACILITY USE
ALL ASB REQUIRE PRINCIPAL'S SIGNATURE IN ADDITION TO AP OF STUDENT ACTIVITIES

DATE	Start/End Time	Total Hours	Place Reason	SACS # (REQUIRED)	Approved By:	Auth Date	A/F

TOTAL HOURS _____

EMPLOYEE'S SIGNATURE_____
(REQUIRED)

EMPLOYEE IS RESPONSIBLE FOR PROVIDING ORIGINAL TIMESHEET TO PAYROLL BY DUE DATE

Form #1014-OT (Rev. 07/18)