



LIVERMORE  
SCHOOL DISTRICT

# CLASSIFIED OVERTIME TIMESHEET

EMPLOYEE NAME \_\_\_\_\_ ID # \_\_\_\_\_

WORK SITE \_\_\_\_\_ MONTH/YEAR \_\_\_\_\_

*DEADLINES - Period of 1<sup>st</sup> – 10<sup>th</sup> and Period of 11<sup>th</sup> – 31<sup>st</sup> each due in the Payroll Office by 5:00 pm next business day*

DATE	TIME IN	TIME OUT	TOTAL HRS/DAY	DATE	TIME IN	TIME OUT	TOTAL HRS/DAY
1				17			
2				18			
3				19			
4				20			
5				21			
6				22			
7				23			
8				24			
9				25			
10				26			
11				27			
12				28			
13				29			
14				30			
15				31			
16				TOTAL HOURS FOR PERIOD			

Reason for Overtime \_\_\_\_\_

SUBSTITUTED FOR & CONFIRMATION #: \_\_\_\_\_ or **PCN #** if VACANT \_\_\_\_\_

Employee Signature

Date

Authorized Site Signature

Date

Account Code (FND-OBJT-RESC-GOAL-FUNC-LOC-MG-Y-COST)

**PAYROLL USE ONLY**

Reg Rate    OT    OT RATE    UNITS  
 \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_

PAID