Overtime Sheet for Full Time Non Exempt PSC/CUNY Employees

Employee Name:_____

Last 4 digits of Social Security Number:_____

Department: _____

Week of: _____

*Do not reflect these overtime hours on your monthly time reports

The above employee worked the indicated overtime (above 40 hours) during the above referenced week

Monday Hours	**Tuesday Hours**	**Wednesday Hours**	**Thursday Hours**	**Friday Hours**	**Saturday Hours**	**Sunday Hours**	**Total for Week**	**Total Overtime to be paid (40 hours minus total for week)**
2	2	2	2	2	2	2	2	16

_____

Employee Signature

_____ _____ _____

Supervisor Name Supervisor Signature Date