MT. SAN ANTONIO COLLEGE CLASSIFIED OVERTIME / COMP TIME EARNED TIME SHEET

Name:(Please Print) Employee ID:				Job Title:					
			Pay Period:						
Day	Description	Overtime	CTE	Day	Des	cription	Overtime	CTE	
					Over	time Hours To	Be Paid		
Employee Signature (required)				Comp Time Earned Hours					
Approved: M	anger (required)								

Account (Fund-Organization-Account-Program)