HARTNELL COLLEGE

HUMAN RESOURCES AND STAFF DIVERSITY
INTEROFFICE MEMORANDUM

CLASSIFIED COMPENSATORY TIME OFF (OVERTIME) RECORD

_____ / ____
Pay Period Ending Year

PLEASE PRINT IN INK

Name _____ **Datatel ID#** _____

Job Title _____ Dept/Area _____

DATE	DESCRIPTION OF WORK PERFORMED	ACTUAL TIME IN	ACTUAL TIME OUT	HOURS WORKED
			SUBTOTAL	0.00
			x 0.5 (OT)	0.00
			TOTAL	0.00

Compensatory Time Off (CTO) - Shall be taken within twelve (12) months of date earned.

EMPLOYEEôS CERTIFICATION: I certify that I worked the hours recorded hereon. I understand that falsification of the above statement will result in the immediate collection by Hartnell Community College District of excess funds paid.

_____ _____
Signature Date

SUPERVISORôS CERTIFICATION: I certify that this employee worked the hours recorded hereon.

_____ _____
Signature Date

DEANôS/MANAGERôS CERTIFICATION: I certify that this timesheet is an accurate record of the hours worked recorded.

_____ _____
Signature Date

TOTAL HOURS _____

KSB:sas
03/22
HR-PR/OVT

HR USE ONLY
_____ _____
Date Entered Initials

Rev. 05/14