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

Name: _____ Job Title: _____
(Please Print)

Employee ID: _____ Pay Period: _____

Day	Description	Overtime	CTE	Day	Description	Overtime	CTE

Overtime Hours To Be Paid _____

_____
Employee Signature (required)

Comp Time Earned Hours _____

_____
Approved: Manger (required)

_____
Account *(Fund-Organization-Account-Program)*

Form revised July 2013