

**WHITE COLLAR
BROOKLYN COLLEGE
APPROVED OVERTIME REPORT**

Week of _____
Thurs through Wed

Employee's Name - _____

Title - _____

Social Security # - _____

Month	Date	Day	In	Out	Straight Time	Over Time	Total Hrs	T/C Check
		THURS						
		FRI						
		SAT						
		SUN						
		MON						
		TUES						
		WED						
				TOTALS				

Note: After 5 hours worked, deduct ½ hour for meal time.
After 9 hours worked, deduct 1 hour for meal time.

Date Signed ____ / ____ / ____

Employee's Signature _____

Please indicate below a description of the work performed.

I certify that the above hours were worked by the employee and that the work could not be done during regular business hours.

Date ____ / ____ / ____

Department Head Signature _____

For Personnel and Payroll
Advanced approval was received
Rate of Pay:
Total Overtime Compensation: