LEHMAN COLLEGE

OVERTIME RECORD KEEPING FORM

Classified Service: Clerical, Administrative, and Professional (White Collar)

Employee's Name and Emplid:

Title:

FLSA: Exempt / Nonexempt

Department/Division:

	Date	Day	Time Actually Worked				Total Hours Worked
			In	*Out*	*In*	*Out*	
Enter date here -->	3/19/23	**Sunday**					0.00
Enter all your hours in an HH:MM format.	3/20/23	**Monday**					0.00
		Additional Hours					0.00
Examples:	3/21/23	**Tuesday**					0.00
9:00 (9-colon-00-space-AM)		Additional Hours					0.00
5:30 (5-colon-30-space-PM)	3/22/23	**Wednesday**					0.00
		Additional Hours					0.00
	3/23/23	**Thursday**					0.00
		Additional Hours					0.00
	3/24/23	**Friday**					0.00
		Additional Hours					0.00
	3/25/23	**Saturday**					0.00

Total Time Actually Worked	0.00	hours
Regular Work Week	-35	hours
Total Overtime	**-35.00**	**hours**

I acknowledge that the information above accuratley reflects all start and stop times I have worked and I have not reported more or less time than I actually worked.

Amount of overtime to be compensated at straight time (up to 5 hours -40 hours total	-35.00	hours
Amount of overtime to be compensated as required by FLSA (at time and one-half hours over 40 in one week)	0.00	hours

Rate of Pay at Straight Time			
Rate of Pay at Time and Half	$ -		
Total at Straight time	$ -		Tax Levy
Total at Time and Half	$ -		PS Regular
Total to be Paid	**$ -**	Chargable To:	Temp. Svc.

Reason for Overtime:

Supervisor's Signature	Title	Date
Human Resources Officer's Signature	Title	Date
Budget Officer's Signature	Title	Date