

**PALM BEACH COMMUNITY COLLEGE
OVERTIME REPORT FORM**

EMPLOYEE: _____

REASON WORKED (must be completed):

Dates Worked	Time Worked	No. Of Hours	Budget Unit & Account Number To Be Charged <i>(only if different than your position)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL HOURS WORKED: _____

I hereby certify that I have worked the hours listed above:

Signature of Employee
(must be completed)

Approved: _____
(Dept. Chairperson, Supervisor or Administrator) *(must be completed)*

Approved: _____
Must be signed by a Vice-President or Provost

- * Overtime will be paid according to PBCC's Overtime Payment Schedule.
- * Original must be submitted to Payroll