TIMESHEET: ADDITIONAL PAID TIME - MONTHLY EMPLOYEES

Name (last, first)	Department #:	Pay Period:

Only one payment type per timecard

Payment Type: Overtime (attach required authorization form) **Bargaining Unit:**

for straight time indicate OT5 in box above hours		for holiday OT indicate HG6 in box above hours				
	1	2	3	4	5	6	7

For Payroll Use Only:	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31			TOTAL =	

Employee Signature:	Date		Supervisor Signature:	Date

Only one payment type per timecard

Payment Type: Differential - Swing (SRE): 6pm-12am **Bargaining Unit:**

For Payroll Use Only:	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31			TOTAL =	

Employee Signature:	Date		Supervisor Signature:	Date

Only one payment type per timecard

Payment Type: Graveyard (SRN): 12m-6am **Bargaining Unit:**

For Payroll Use Only:	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31			TOTAL =	

Employee Signature:	Date		Supervisor Signature:	Date

rev: 09/2013