Solano Community College
Absence/Overtime Report   Month ending _____ 10th, 20 _____
Classified Facilities   **- Due in Payroll on the 11th of each month -**

Name _____

Employee ID # _____

Summarize & Total (one line per code)			
Employee Use: enter total hours per code			
Absence		Pre-approved Overtime or Comp Time	
Code	Hours	Code	Hours
Total:		Total:	

Enter actual hours worked

Date	Absence		Pre-approved Overtime or Comp Time		OT/CT Reason
	Code	Hours	Code	Hours	
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total:			Total:		

CODES:	
Leaves taken:	
Bereavement	BRV
relationship: _____	
Comp Time Taken	CTU
Conference	CNF
Emergency Leave	EUS
Floating Holiday	FHU
Jury Duty	JUR
(provide jury duty verification)	
Personal Necessity	PNU
Sick Leave	SUS
Vacation	VUS
Other, please specify:	
Overtime or Comp Time:	
Overtime	OT
Comp Time **Earned**	CT

I certify that the above hours correctly
report absences taken and overtime earned

_____
Employee Signature   Date

_____
Manager Signature   Date

Budget Code:

☐ 1409-4030-2393-681000 (Facilities Rentals)

☐ 1100-3020-2393-653000 (Custodial Overtime)

☐ 1100-3020-2393-655000 (Grounds Overtime)

☐ 1100-3020-2393-651000 (Maintenance Overtime)

PLEASE NOTE:
IN THE SUMMARIZE SECTION, USE <u>ONE LINE PER CODE</u> , ADD <u>TOTAL HOURS PER CODE</u>

rev. 09/11/19