**Queens College, Office of Human Resources**

# Report of Overtime or Shift Differential - Full-Time Staff

**Month of _____ 200____**

**Name** _____ **Social Security No.** _____

**Title** _____ **Department** _____

| Pay Period No. | Date | Day | Time In | Time Out | No. of Hours to Nearest 1/4 Hour |
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**Justification for Overtime:** _____

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**Employee's Signature** **Unit Head Signature**

_____ _____

**Human Resources** **Date**

**Note: This form must be submitted with employee's time sheet.**