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

Name _____

Employee ID # _____

	Absence		Pre-approved Overtime or Comp Time *Enter actual hours worked*		
Date	**Code**	**Hours**	**Code**	**Hours**	**OT/CT Reason**
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:		

Budget Code:

- ☐ 1409-4030-2393-653000 (Campus Reservations)
- ☐ 1100-3020-2393-653000 (Custodial Overtime)
- ☐ 1100-3020-2393-655000 (Grounds Overtime)
- ☐ 1100-3020-2393-651000 (Maintenance Overtime)

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:	

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

rev. 06/07/2023

PLEASE NOTE:
IN THE SUMMARIZE SECTION, USE <u>ONE LINE PER CODE</u> , ADD <u>TOTAL HOURS PER CODE</u>
ONLY MANAGERS CAN *SUBMIT TO PAYROLL* AFTER APPROVAL AND SIGNATURE