PR-29 (Rev. 10/01)

BUSINESS CENTER NORTH
HOURLY AND OVERTIME PAYROLL

PAY PERIOD: FROM_____ TO _____

ACCOUNT TO BE CHARGED:_____

OFFICIAL AUTHORIZING PAYROLL:_____

TRANS	Emp I.D. #	NAME	POSN #	ERN	HOURS	REG RATE	O/T RATE

1. This form is to be used for overtime for classified and technical employees and for all hours worked by hourly paid employees.
2. Indicate rate to the nearest cent; e.g., $3.4864 would be $3.49.
3. A daily log is provided on the reverse side for those departments wishing to maintain a daily record of hours worked.

Time for month of _____ 20_____ Time approved by_____

NAME	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 Time
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