**Payroll**

**Classified additional pay/exceptions**

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Overtime</th>
<th>Stand By</th>
<th>Shift Dif</th>
<th>Holiday</th>
<th>Training</th>
</tr>
</thead>
</table>

**PAY PERIOD PROCESSED:**  
FROM 10/1/17 TO 10/1/17

Cost Center if different from primary

**EMPLOYEE NAME:**

**EMPLOYEE ID #:**

**DATE** | **Time In** | **Time out** | **Reason** | **Time In** | **Time out** | **Reason** | **Rate**
--- | --- | --- | --- | --- | --- | --- | ---
Sun 10/1

Supervisor signature (approving the time)  
Signature (authorizing payment)

**INSTRUCTIONS:**
1. One timesheet per employee
2. Please use a separate sheet for each type of pay
3. Reason: please choose meal or out