PYRAMID LAKE PAIUTE TRIBE

RECORD OF OVER TIME EARNED
NON-EXEMPT EMPLOYEES

NAME:_____ EMPLOYEE ID: _____

PROGRAM/FUND: _____

FROM: DATE	AM	PM	TO: DATE	AM	PM	TOTAL HOURS	PURPOSE:	SUPERVISOR'S INITIAL IMPLIES PRIOR APPROVAL

I certify that the above hours worked are correct and exceed my normal work day or are hours worked on a holiday.

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____

REVISED 12/6/10