

MONTHLY OVERTIME PLAN
DIVISION/PROGRAM SUMMARY

DEPT.: _____ DIVISION OR PROGRAM: _____

OVERTIME PLAN FOR THE MONTH OF: _____

THIS PLAN INCLUDES ORG. CODES: _____

DESCRIPTION OF TASK(S) TO BE PERFORMED ON OVERTIME:

EXPLAIN WHY THIS TASK MUST BE ACCOMPLISHED ON OVERTIME:

SOURCE OF FUNDS: _____

	EST.	ACTUAL	VARIANCE
# OF EMPLOYEES:	_____	_____	_____
HOURS:	_____	_____	_____
COST:	\$ _____	_____	_____

EXPLANATION OF VARIANCE: * _____

*Enter at the end of each month; submit with plan for upcoming month.

	ESTIMATE APPROVED	ACTUAL REVIEWED
DEPT. DIRECTOR	_____	_____
CAO	_____	_____

MONTHLY OVERTIME PLAN
EMPLOYEE DETAIL

DEPT.: _____ DIVISION OR PROGRAM: _____

OVERTIME PLAN FOR THE MONTH OF: _____

ORG. CODE	EMPLOYEE NAME	CLASS	EST. HRS.	ACTUAL HRS.	VARIANCE
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