Form OTH 1

University of Nevada system
Business Center South

☐ UNLV
☐ CCSN
☐ NSC

UNLV/CCSN/NSC OVERTIME PAYROLL

Pay Period Processed: From: _____ To _____

Account to be Charged: _____

Employee ID#	Name	Total Hours	Rate	Job Class	Position Control

_____
(Signature authorizing payment)

CALL BACK:
Yes _____ No _____

DISTRIBUTION
Original – Payroll

INSTRUCTIONS:
1. List in alphabetical order, LAST NAME FIRST.
2. Use separate sheet for each account
3. Under name section, list dates and times worked and brief explanation of work performed and/or reason for overtime