Oconee DSN

Hours worked at a different location

Employee_____

Month_____/Year_____

Whenever you are your employee works at a different location please divide the hours by location so I can charge it to the correct location:

Date	Location	# of Regular Hours	# of Overtime Hours

Employee Signature_____Date_____

Supervisor Signature_____Date_____

Coordinator Signature_____Date_____

HR 3-3-11