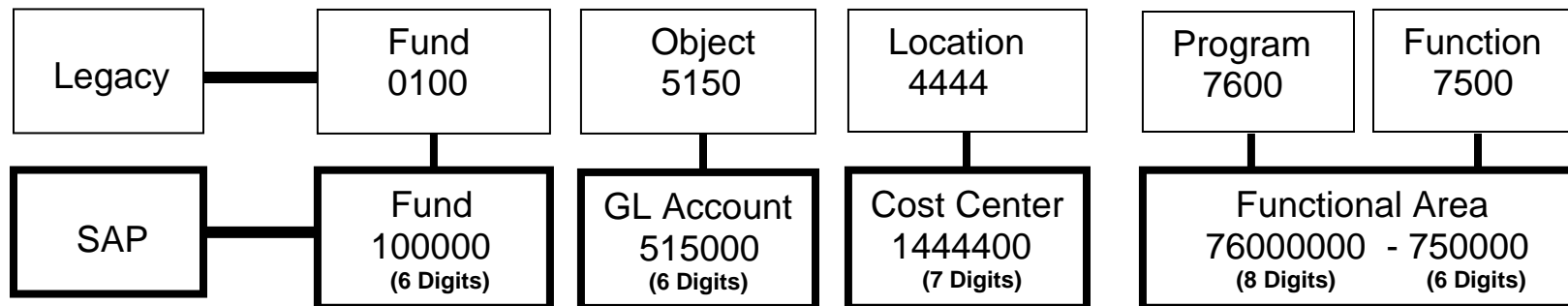# Translation of Legacy Structures to SAP Structures

This is only an example.

Please note that each location must use their own Fund, GL Account, Cost Center and Functional Area information.

Legacy		Fund 0100	Object 5150	Location 4444	Program 7600	Function 7500
SAP		Fund 100000 **(6 Digits)**	GL Account 515000 **(6 Digits)**	Cost Center 1444400 **(7 Digits)**	Functional Area 76000000 - 750000 **(8 Digits)** **(6 Digits)**	

MIAMI-DADE COUNTY PUBLIC SCHOOLS
OVERTIME APPROVAL FOR ALTERNATE ASSIGNMENT

SAP PERIOD #

PAY PERIOD BEGIN DATE

MONTH	DAY	YEAR

PERSON ID or PERS ASSIG	EMP. NAME: LAST FIRST MI	PRIME COST CENTER	OVERTIME COST CENTER NAME	OVERTIME COST CENTER	CHARGE COST CENTER	FUND	FUNCTIONAL AREA

	FRI	SAT	SUN	MON	TUES	WED	THUR	TOTAL (Do **NOT** include non-paid lunch)
WEEK 1	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	
WEEK 2	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	

PERSON ID or PERS ASSIG	EMP. NAME: LAST FIRST MI	PRIME COST CENTER	OVERTIME COST CENTER NAME	OVERTIME COST CENTER	CHARGE COST CENTER	FUND	FUNCTIONAL AREA

	FRI	SAT	SUN	MON	TUES	WED	THUR	TOTAL (Do **NOT** include non-paid lunch)
WEEK 1	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	
WEEK 2	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	IN / OUT	

NOTE: This form is due in the "Prime Cost Center" by 9:00 A.M. on "payroll due date" (see Payroll Processing Schedule). Overtime hours must be entered no later than 2:00 P.M. on the "payroll due date".

Verified, Approved and Certified By:
_____
Supervisor of **Charge** Cost Center (Typed)   Signature   Title   Date

Verified, Approved and Certified By:
_____
Supervisor of **Prime** Cost Center (Typed)   Signature   Title   Date

FM-6796 Rev. (09-19)